

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

In re:

IMPEL PHARMACEUTICALS, INC., *et al.*<sup>1</sup>

Debtors.

Chapter 11

Case No. 23-80016 (SGJ)

(Jointly Administered)

**GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY,  
AND DISCLAIMERS REGARDING THE DEBTORS' AMENDED SCHEDULES  
OF ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

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On December 19, 2023 (the "Petition Date"), Impel Pharmaceuticals, Inc. and its affiliated debtor in the above-captioned chapter 11 cases (each a "Debtor" and, collectively, the "Debtors") commenced voluntary cases (the "Chapter 11 Cases") under chapter 11 of title 11, United States Code, §§ 101 *et seq.* (the "Bankruptcy Code") in the United States Bankruptcy Court for the Northern District of Texas (the "Court").

The Debtors continue to operate their businesses and manage their properties as debtors and debtors in possession, pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. The Chapter 11 Cases have been consolidated for procedural purposes only and are being jointly administered under case number 23-80016 (SGJ).

The Schedules of Assets and Liabilities (the "Schedules") and Statements of Financial Affairs (the "Statements") were prepared pursuant to section 521 of the Bankruptcy Code and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules") by management of the Debtors with unaudited information available as of the Petition Date.

These *Global Notes and Statement of Limitations, Methodology, and Disclaimers Regarding the Debtors' Schedules and Statements of Financial Affairs* (the "Global Notes") are incorporated by reference in, and comprise an integral part of, each Debtor's respective Schedules and Statements, and should be referred to and considered in connection with any review of the Schedules and Statements.

In preparing the Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of such preparation. The Debtors, and their agents, attorneys, and advisors do not guarantee or warrant the accuracy or completeness of the data that is provided herein, and shall not be liable for any loss or injury arising out of or caused

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<sup>1</sup> The Debtors in this chapter 11 case, together with the last four digits of the Debtor's federal tax identification number, are: Impel Pharmaceuticals Inc. (8238); and Impel NeuroPharma Australia Pty Ltd (N/A). The Debtors' service address is 201 Elliot Avenue West, Suite 260, Seattle, WA 98119.

in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. While reasonable efforts have been made to provide accurate and complete information herein, inadvertent errors or omissions may exist. The Debtors reserve their rights to amend and supplement the Schedules and Statements as may be necessary or appropriate. For the avoidance of doubt, the Debtors and their agents, attorneys, and advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party should the information be updated, modified, revised, or re-categorized, except as required by applicable law. In no event shall the Debtors, or their agents, attorneys, and advisors, be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtors or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused, even if the Debtors or their agents, attorneys, or advisors are advised of the possibility of such damages.

Given, among other things, the uncertainty surrounding the valuation and nature of certain assets and liabilities, to the extent that a Debtor shows more assets than liabilities, this is not an admission that such Debtor was solvent on the Petition Date (as defined below) or at any time prior to the Petition Date. Likewise, to the extent that a Debtor shows more liabilities than assets, it is not an admission that such Debtor was insolvent on the Petition Date or any time prior to the Petition Date.

Brandon Smith has signed each set of the Schedules and Statements. Mr. Smith serves as the Chief Restructuring Officer (“CRO”) of the Debtors, and he is an authorized signatory for each of the Debtors in these chapter 11 cases. In reviewing and signing the Schedules and Statements, Mr. Smith has necessarily relied upon the efforts, statements, advice, and representations of the Debtors and their advisors. Mr. Smith has not (and could not have) personally verified the accuracy of each such statement and representation, including statements and representations concerning amounts owed to creditors, classification of such amounts, and creditor addresses.

### **Global Notes and Overview of Methodology**

1. **Impel NeuroPharma Australia Pty Ltd.** Impel NeuroPharma Australia Pty Ltd (“Impel Australia”) is a wholly-owned subsidiary of Impel Pharmaceuticals Inc. (“Impel”). Impel Australia had no operations other than tax filings and bookkeeping related to its two bank accounts in the year prior to the Petition Date. Impel Australia has no sales receipts. All vendors supporting its bookkeeping and tax filings are paid by Impel. Accordingly, the Debtors have reported the only assets owned by Impel Australia, which include one IOLTA deposit and two bank accounts. The Debtors reserve all rights to amend and supplement the Schedules and Statements as may be necessary or appropriate.

2. **Reservations and Limitations.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, as noted above, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend and supplement the Schedules and Statements as may be necessary or appropriate. Nothing contained in the Schedules and Statements constitutes a waiver of any of the Debtors’ rights or an admission of any kind with respect to these chapter 11 cases, including, but not limited to, any rights or claims of the Debtors

against any third party or issues involving substantive consolidation, equitable subordination, or defenses or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code or any other relevant applicable bankruptcy or non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph.

- (a) **No Admission.** Nothing contained in the Schedules and Statements is intended or should be construed as an admission or stipulation of the validity of any claim against the Debtors, any assertion made therein or herein, or a waiver of the Debtors' rights to dispute any claim or assert any cause of action or defense against any party.
- (b) **Recharacterization.** Notwithstanding that the Debtors have made reasonable efforts to correctly characterize, classify, categorize, or designate certain claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors nonetheless may have improperly characterized, classified, categorized, or designated certain items. The Debtors reserve all rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statements at a later time as is necessary and appropriate, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired post-petition. Disclosure of information in one or more Schedules, Statements, or one or more exhibits or attachments thereto, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedules, Statements, exhibits, or attachments.
- (c) **Classifications.** Listing (i) a claim on Schedule D as "secured," (ii) a claim on Schedule E/F as "priority" or "unsecured," or (iii) a contract on Schedule G as "executory" or "unexpired" does not constitute an admission by the Debtors of the legal rights of the claimant or contract counterparty, or a waiver of the Debtors' rights to recharacterize or reclassify such claim or contract or to setoff such claim.
- (d) **Claims Description.** Any failure to designate a claim on the Debtors' Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such amount is not "disputed," "contingent," or "unliquidated." Each Debtor reserves all rights to dispute, or assert offsets or defenses to, any claim reflected on its respective Schedules and Statements on any grounds, including, without limitation, liability, or classification, or to otherwise subsequently designate such claims as "disputed," "contingent," or "unliquidated" or object to the extent, validity, enforceability, or priority of any claim. Moreover, listing a claim does not constitute an admission of liability by the Debtors against which the claim is listed or by any of the Debtors. The Debtors reserve all rights to amend their Schedules and Statements as necessary and appropriate, including, but not limited to, with respect to claim description and designation.
- (e) **Estimates and Assumptions.** The preparation of the Schedules and Statements required the Debtors to make reasonable estimates and assumptions with respect to

the reported amounts of assets and liabilities, the amount of contingent assets and contingent liabilities on the Schedules and Statements, and the reported amounts of revenues and expenses during the applicable reporting periods. Actual results could differ from such estimates.

- (f) **Causes of Action.** Despite reasonable efforts, the Debtors may not have identified all current and potential causes of action the Debtors may have against third parties in their respective Schedules and Statements, including, without limitation, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant bankruptcy and non-bankruptcy laws to recover assets. The Debtors reserve all rights with respect to any causes of action, and nothing in these Global Notes or the Schedules and Statements should be construed as a waiver of any such causes of action.
- (g) **Intellectual Property Rights.** Exclusion of certain intellectual property from the Schedules and Statements should not be construed as an admission that such intellectual property rights have been abandoned, have been terminated or otherwise expired by their terms, or have been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property rights in the Schedules and Statements should not be construed as an admission that such intellectual property rights have not been abandoned, have not been terminated or otherwise expired by their terms, or have not been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction.
- (h) **Executory Contracts and Unexpired Leases.** Although the Debtors made diligent efforts to identify contracts and unexpired leases as executory within the scope of section 365 of the Bankruptcy Code and to attribute an executory contract to its rightful Debtors, in certain instances, the Debtors may have inadvertently failed to do so due to the complexity and size of the Debtors' businesses. Accordingly, the Debtors reserve all of their rights with respect to the inclusion or exclusion of executory contracts and unexpired leases, as well as the named parties to any and all executory contracts and unexpired leases, including the right to amend Schedule G at any time during the pendency of these chapter 11 cases.
- (i) **Insiders.** In the circumstance where the Schedules and Statements require information regarding "insiders," the Debtors have included information with respect to certain individuals who served as officers and directors, as the case may be, during the relevant time periods. Such individuals may no longer serve in such capacities.

The listing or omission of a party as an insider for purposes of the Schedules and Statements is not intended to be, nor should it be, construed as an admission of any fact, right, claim, or defense and all such rights, claims, and defenses are hereby expressly reserved. Information regarding the individuals listed as insiders in the Schedules and Statements has been included for informational purposes only and such information may not be used for: (i) the purposes of determining (A) control

of the Debtors; (B) the extent to which any individual exercised management responsibilities or functions; (C) corporate decision-making authority over the Debtors; or (D) whether such individual could successfully argue that he or she is not an insider under applicable law, including the Bankruptcy Code and federal securities laws, or with respect to any theories of liability or (ii) any other purpose.

3. **Description of Cases and “As Of” Information Date.** On December 19, 2023 (the “Petition Date”), each of the Debtors filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code in the Court. The Debtors continue to operate their business. The information provided herein, except as otherwise noted, is reported as of the Petition Date of each respective Debtor, as appropriate.

4. **Methodology.**

- (a) **Basis of Presentation.** The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“GAAP”) nor are they intended to be fully reconciled to the financial statements of each Debtor. The Schedules and Statements contain unaudited information that is subject to further review and potential adjustment. The Schedules and Statements reflect the Debtors’ reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis.
- (b) **Duplication.** Certain of the Debtors’ assets, liabilities, and prepetition payments may properly be disclosed in multiple parts of the Statements and Schedules. To the extent these disclosures would be duplicative, the Debtors have endeavored to only list such assets, liabilities, and prepetition payments once.
- (c) **Net Book Value.** In certain instances, current market valuations for individual items of property and other assets are neither maintained by, nor readily available to the Debtors. Accordingly, unless otherwise indicated, the Debtors’ Schedules and Statements reflect net book values as of the Petition Date. Market values may vary, in some instances, materially, from net book values. The Debtors believe that it would be an inefficient use of estate assets for the Debtors to obtain the current market values of their property. Accordingly, the Debtors have indicated in the Schedules and Statements that the market values of certain assets and liabilities are undetermined. Also, assets that have been fully depreciated or that were expensed for accounting purposes either do not appear in these Schedules and Statements, or are listed with a zero-dollar value, as such assets have no net book value. The omission of an asset from the Schedules and Statements does not constitute a representation regarding the ownership of such asset, and any such omission does not constitute a waiver of any rights of the Debtors with respect to such asset.
- (d) **Undetermined Amounts.** The description of an amount as “unknown,” “TBD,” or “undetermined” is not intended to reflect upon the materiality of such amount.

- (e) **Unliquidated Amounts.** Amounts that could not be fairly quantified by the Debtors are scheduled as “unliquidated.”
- (f) **Totals.** All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different from the listed total.
- (g) **Paid Claims.** The Debtors have authority to pay certain outstanding prepetition payables pursuant to various orders entered by the Court. The Debtors scheduled such amounts as of the Petition Date and noted such amounts contingent. To the extent the Debtors later pay any amount of the claims listed in the Schedules and Statements pursuant to any orders entered by the Court, the Debtors reserve all rights to amend or supplement the Schedules and Statements or to take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payments for liabilities. Nothing contained herein should be deemed to alter the rights of any party in interest to contest a payment made pursuant to an order of the Court where such order preserves the right to contest.
- (h) **Liens.** The inventories, property, and equipment listed in the Schedules and Statements are presented without consideration of any liens.
- (i) **Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars. Some bank accounts in Impel NeuroPharma Australia Pty Ltd may be held in Australian Dollar (“AUD”) but converted to the U.S. Dollar equivalent as of the Petition Date.
- (j) **Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and postpetition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and postpetition periods may change. The Debtors reserve the right to amend the Schedules and Statements as they deem appropriate in this and all other regards.
- (k) **Excluded Assets and Liabilities.** The Debtors have excluded certain categories of assets and liabilities from the Schedules and Statements, including, but not limited to: certain deferred charges, right-of-use asset and related liabilities, reserves recorded only for purposes of complying with the requirements of GAAP, and deferred tax assets, deferred tax liabilities, and intangible assets. In addition, certain accrued tax benefits from net operating losses that could offset future earnings have been recorded as undetermined. The Debtors have also excluded rejection damage claims of counterparties to executory contracts and unexpired leases that may or may not be rejected, to the extent such damage claims exist. Other immaterial assets and liabilities may also have been excluded.
- (l) **Credits and Adjustments.** The claims of individual creditors for, among other things, goods, products, services, or taxes are listed as the amounts entered on the



Debtors' books and records and may either (i) not reflect credits, allowances, or other adjustments due from such creditors to the Debtors or (ii) be net of accrued credits, allowances, or other adjustments that are actually owed by a creditor to the Debtors on a postpetition basis on account of such credits, allowances, or other adjustments earned from prepetition payments and critical vendor payments, if applicable. The Debtors reserve all of their rights with regard to such credits, allowances, or other adjustments, including, but not limited to, the right to modify the Schedules, assert claims objections and/or setoffs with respect to the same, or apply such allowances in the ordinary course of business on a postpetition basis.

- (m) **Setoffs.** The Debtors may periodically incur setoffs and net payments in the ordinary course of business. Such setoffs and nettings may occur due to a variety of transactions or disputes. Although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not independently accounted for, and as such, are or may be excluded from the Debtors' Schedules and Statements. The Debtors reserve all rights to challenge any setoff and/or recoupment rights that may be asserted.
5. **Global Notes Control.** These Global Notes pertain to and comprise an integral part of each of the Schedules and Statements and should be referenced in connection with any review thereof. In the event that the Schedules and Statements conflict with these Global Notes, these Global Notes shall control.
6. **Specific Schedules Disclosures.**
- (a) **Schedules Summary.** Except as otherwise noted, the asset totals represent amounts as of the Petition Date and liability information provided herein represents the Debtors' liabilities as of the Petition Date.
  - (b) **Schedule A/B, Part 4 – Investments; Non-Publicly Traded Stock and Interests in Incorporated and Unincorporated Businesses, including any Interest in an LLC, Partnership, or Joint Venture.** Ownership interests in subsidiaries have been listed in Schedule A/B, Part 4, as undetermined amounts on account of the fact that the fair market value of such ownership is dependent on numerous variables and factors, and may differ significantly from their net book value.
  - (c) **Schedule A/B, Part 5 – Inventory.** The Debtors' product has a 12-month shelf life. As such the Debtors' customers, specialty pharmacies among others, monitor the production dates of all inventory to be sold to patients. All inventory is held and managed by third parties. The work in progress inventory, listed as SPEC, DHE Mesylate Form, has a net book value of \$0.00. The cost of this inventory was approximately \$765,000 but it has expired and has been fully reserved for booking keeping purposes. As such, the Debtors will need to find a way to dispose of it.
  - (d) **Schedule A/B, Part 7 – Office furniture, fixtures, and equipment; and collectibles.** The Debtors have used book values as of November 30, 2023 for reporting office furniture, fixtures, and equipment. There have been no valuations

on any of such assets. These amounts may include leasehold improvements. The Debtors reserve all of their rights to re-categorize and/or re-characterize such asset holdings to the extent the Debtors determine that such holdings were improperly listed.

- (e) **Schedule A/B, Part 8 – Machinery, equipment, and vehicles.** The Debtors lease certain vehicles for their sales team from a third party. The leases have various expiration dates and monthly payment amounts, and are not owned by the Debtors. Under the lease agreement, the Debtors may return vehicles prior to the expiration date, which could result in a gain/loss depending on the final terms of the agreement. The Debtors have not completed an analysis regarding the gain/loss on the current vehicle fleet.
- (f) **Schedule A/B, Part 9 – Real Property.** The Debtors lease all of their real properties and, as such, the properties' value have been marked as undetermined. Furthermore, certain of the property leases reflected on Schedule A/B 55 may contain renewal options, guarantees of payment, options to purchase, rights of first refusal, rights to lease additional lands, and other miscellaneous rights. Such rights, powers, duties, and obligations are not separately set forth on Schedule A/B 55. The Debtors hereby expressly reserve the right to assert that any instrument listed on Schedule A/B 55 is an executory contract or unexpired lease within the meaning of section 365 of the Bankruptcy Code. The Debtors reserve all of their rights, claims, and causes of action with respect to claims associated with any contracts and agreements listed on Schedule A/B 55, including their right to dispute or challenge the characterization or the structure of any transaction, document, or instrument, including any intercompany agreement.
- (g) **Schedule A/B, Part 10 – Intangibles and Intellectual Property.** The Company may have certain social media accounts that they own but currently do not have access due to reduction in their workforce. The social media accounts have not been listed.
- (h) **Schedule A/B, Part 11 – All Other Assets.** The Debtors have incurred significant net operating losses (“NOLs” and R&D Credits (together, the “Tax Attributes”) since their inception. As of December 31, 2022, the Debtors have generated federal NOLs of \$271.3 million. The Debtors also has \$153.4 million of state NOLs and \$8.4 million of R&D Credits. Further, the Debtors estimate that they may generate additional Tax Attributes in the 2023 tax year. Such Tax Attributes have not been valued as of the Petition Date and may be restricted in their use.
- (i) **Schedule D – Creditors Who Have Claims Secured by Property.** The Debtors have made reasonable efforts to report all secured claims against the Debtors on Schedule D based on the Debtors' books and records as of the Petition Date. However, the actual value of claims against the Debtors may vary significantly from the represented liabilities. Parties in interest should not accept that the listed liabilities necessarily reflect the correct amount of any secured creditor's allowed claims or the correct amount of all secured claims. Similarly, parties in interest



should not anticipate that recoveries in these cases will reflect the relationship of the aggregate asset values and aggregate liabilities set forth in the Schedules. Parties in interest should consult their own professionals and advisors with respect to pursuing a claim. Although the Debtors and their professionals have generated financial information and data the Debtors believe to be reasonable, actual liabilities (and assets) may deviate significantly from the Schedules due to certain events that occur throughout these Chapter 11 Cases.

Except as specifically stated herein, lessors of real property and equipment, utility companies, and any other parties which may hold security deposits or other security interests, have not been listed on Schedule D. The Debtors have also not listed on Schedule D any parties whose claims may be secured through rights of setoff, deposits, or advance payments.

Although the Debtors may have scheduled claims of various creditors as secured claims, the Debtors reserve all rights to dispute or challenge the secured nature of any creditor's claim or the characterization of the structure of any transaction or any document or instrument (including, without limitation, any intercompany agreement) related to such creditor's claim (except as otherwise agreed to or stated pursuant to a stipulation, agreed order, or general order entered by the Bankruptcy Court that is or becomes final). The Debtors have not included on Schedule D the claims of any parties that may believe their claims are secured through setoff rights or inchoate statutory lien rights.

The descriptions provided on Schedule D are intended only as a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of any liens. Nothing in these Global Notes or in the Schedules and Statements shall be deemed a modification, interpretation, or an acknowledgment of the terms of such agreements or related documents.

**(j) Schedule E/F – Creditors Who Have Unsecured Claims.**

The Debtors have made reasonable efforts to report all priority and general unsecured claims against the Debtors on Schedule E/F based on the Debtors' books and records as of the Petition Date. However, the actual value of claims against the Debtors may vary significantly from the represented liabilities. Certain claims on E/F may have been satisfied post-petition by the Debtors (including employee wages in the ordinary course) or third parties. Furthermore, accrued interest for some claims may not have been possible to determine. Parties in interest should not accept that the listed liabilities necessarily reflect the correct amount of any unsecured creditor's allowed claims or the correct amount of all unsecured claims. Similarly, parties in interest should not anticipate that recoveries in these cases will reflect the relationship of the aggregate asset values and aggregate liabilities set forth in the Schedules. Parties in interest should consult their own professionals and advisors with respect to pursuing a claim. Although the Debtors and their professionals have generated financial information and data the Debtors believe to

be reasonable, actual liabilities (and assets) may deviate significantly from the Schedules due to certain events that occur throughout these Chapter 11 Cases.

The claims listed on Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a claim arose may be unknown or subject to dispute. Although reasonable efforts have been made to determine the date upon which claims listed in Schedule E/F were incurred or arose, updating that date for each claim in Schedule E/F would be unduly burdensome and cost-prohibitive and, therefore, the Debtors have not listed a date for each claim listed on Schedule E/F.

In the ordinary course of business, the Debtors generally receive invoices for goods and services after the delivery of such goods or services. As of the filing of the Schedules and Statements, the Debtors may not have received all invoices for payables, expenses, or liabilities that may have accrued before the Petition Date. Furthermore, payments to vendors and lienholders made subsequent to the filing of these Schedules will not be reflected in these Schedules. The Debtors reserve the right, but are not required, to amend Schedules E/F if they receive such invoices and/or make such payments. The claims of individual creditors are generally listed at the amounts recorded on the Debtors' books and records and may not reflect all credits or allowances due from the creditor. The Debtors reserve all of their rights concerning credits or allowances.

***Part 1 - Creditors with Priority Unsecured Claims.*** The Debtors included certain claims owing to various taxing authorities to which the Debtors may be liable. Certain of the claims may be subject to ongoing audits and the Debtors may otherwise be unable to determine with certainty the amount of such claims. Therefore, for certain claims, the Debtors have listed such claims as disputed, contingent, and unliquidated, pending final resolution of ongoing audits and other outstanding issues. Moreover, the inclusion of any amounts owed to taxing authorities does not constitute an admission by the Debtors of such liability. The Debtors reserve the right to assert that any claim listed on Schedule E/F does not constitute a priority claim under the Bankruptcy Code.

***Part 2 - Creditors with Nonpriority Unsecured Claims.*** The Debtors have used reasonable efforts to report all general unsecured claims against the Debtors in Schedule E/F, Part 2, based upon the Debtors' books and records as of the Petition Date. The Debtors made a reasonable attempt to set forth their unsecured obligations, although the actual amount of claims against the Debtors may vary from those liabilities represented on Schedule E/F, Part 2. The listed liabilities, which have been listed on a gross accounts payable basis, may not reflect the correct amount of any unsecured creditor's allowed claims or the correct amount of all unsecured claims.

Schedule E/F, Part 2, reflects certain prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption or assumption and assignment of an executory contract or unexpired lease. Prepetition amounts that may be paid in

accordance with court orders, are marked as contingent. In addition, Schedule E/F, Part 2, does not include claims that may arise in connection with the rejection of any executory contracts and unexpired leases, if any, that may be or have been rejected.

- (k) **Schedule G – Executory Contracts and Unexpired Leases.** The Debtors hereby reserve all rights to dispute the validity, status, or enforceability of any contracts, agreements or leases set forth in Schedule G and to amend or supplement Schedule G as necessary. Additionally, the placing of a contract or lease onto Schedule G shall not be deemed an admission that such contract is an executory contract or unexpired lease, or that it is necessarily a binding, valid, and enforceable contract. Any and all of the Debtors' rights, claims and causes of action with respect to the contracts and agreements listed on Schedule G are hereby reserved and preserved. In addition, the Debtors are continuing their review of all relevant documents and expressly reserve their right to amend all Schedules at a later time as necessary and/or to challenge the classification of any agreement as an executory contract or unexpired lease in any appropriate filing.

The names of employees have been redacted for privacy purposes.

Certain information, such as the contact information of the counterparty, may not be included where such information could not be obtained using the Debtors' reasonable efforts. Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. Expired contracts and leases may have also been inadvertently included. The Debtors hereby reserve all of their rights to dispute the validity, status, or enforceability of any contracts, agreements, or leases set forth in Schedule G and to amend or supplement such Schedule as necessary.

Certain of the leases and contracts listed on Schedule G may contain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G. In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their business, such as supplemental agreements and letter agreements, which documents may not be set forth in Schedule G. The Debtors reserve the right to dispute the effectiveness of any such contract listed on Schedule G or to amend Schedule G at any time to remove any contract.

The Debtors have reserved all rights to dispute or challenge the characterization of any transaction or any document or instrument related to a creditor's claim.

Although the Debtors have made diligent attempts to attribute an executory contract to its rightful Debtor, in certain instances, the Debtors may have inadvertently failed to do so due to the complexity and size of the Debtors' businesses. Accordingly,

the Debtors reserve all of its rights with respect to the named parties of any and all executory contracts, including the right to amend Schedule G.

Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtors' rights under the Bankruptcy Code with respect to any such omitted contract or agreement is not impaired by the omission. Certain Debtors are guarantors and parties to guaranty agreements regarding the Debtors' prepetition credit facility. The guaranty obligations arising under these agreements are reflected on Schedules D and F only.

7. **Specific Statements Disclosures.**

- (a) **Statements, Part 1, Question 1 – Gross Revenue from business.** The Debtors recognize GAAP revenue in accordance with ASC Topic 606, Revenue from Contracts with Customers (“ASC 606”). Under ASC 606, an entity recognizes revenue when its customer obtains control of promised goods or services in an amount that reflects the consideration which the entity expects to receive in exchange for those goods or services. The product is distributed through an exclusive third-party logistics, or 3PL, distribution agent that does not take title to the product. The 3PL distributes Trudhesa to the customers, specialty pharmacies and specialty distributors (collectively referred to as “customers”), who then distribute the product to healthcare providers and patients. Revenue from product sales is recognized when the customer obtains control of the product, which occurs upon transfer of title to the customer. Taxes collected from the customer relating to product sales and remitted to governmental authorities are excluded from revenue.

Revenues from product sales are recorded at the net sales price, or the transaction price, which includes estimates of variable consideration for which reserves are established and which result from discounts, returns, co-pay assistance, chargebacks, rebates, and other allowances that are offered within contracts between us and customers, healthcare providers and other indirect customers relating to the sale of Trudhesa. These reserves are based on the amounts earned or to be claimed on the related sales and are classified as reductions of accounts receivable or a current liability. Where appropriate, these estimates take into consideration a range of possible outcomes that are probability-weighted for relevant factors such as historical experience, current contractual and statutory requirements, specific known market events and trends, industry data and forecasted customer buying and payment patterns. Overall, these reserves reflect best estimates of the amount of consideration to which the Debtors are entitled based on the terms of the contract.

The components of variable consideration related to product revenue were detailed in the *Debtors' Emergency Motion for Entry of Interim and Final Orders (I) Authorizing the Debtors to Honor and Continue Certain Customer Programs and Customer Obligations in the Ordinary Course of Business, (II) Authorizing*

*Banks to Honor and Process Check and Electronic Transfer Requests Related Thereto, and (III) Granting Related Relief* [Docket No. 10] and are customary in the pharmaceutical industry.

- (b) **Statements, Part 2, Question 4 – Payments and Transfers to Certain Insiders within 1 year before the filing.** The Debtors reported payments to non-officer insiders within the year prior to the Petition Date. Please see response to Question 30 for officer payments and distributions within the year prior to the Petition Date. The Debtors reserve all rights with respect to the determination or status of a person as an “insider” as defined in section 101(13) of the Bankruptcy Code.
- (c) **Statements, Part 5, Question 10 – Losses from fire, theft, or other casualty.** In normal course, the Debtors’ sales team uses leased vehicles for their travel requirements. On occasion, the vehicles may incur an accident. The Debtors believe they have sufficient insurance to cover any obligation that may arise. Furthermore, the Debtors are not aware of any material disagreements or demands outstanding related to such claims.
- (d) **Statements, Part 6, Question 13 – Transfers not already listed.** A former employee was given an asset that was fully depreciated and deemed to be non-operational for the Debtors. No value was associated with the transfer. The Debtors believe that the asset disposal was worthwhile as to not incur costs to sell and remove the asset from the property.

The Debtors have settled certain claims put forth by former employees. Settlements were covered by insurance. None of these payments were made within the 90 days prior to the Petition Date. None of these payments were made to insiders. The names of employees have been redacted for privacy purposes.

- (e) **Statements, Part 9, Question 16 – Collect and Retain personally identifiable information of customers.** The Debtors do not collect or retain personally identifiable information of their customers or their customers’ patients. Any collection of data containing personally identifiable information is done by third party vendors which remove any personally identifiable information before the data is shared with the Debtors. The Debtors do not receive any personally identifiable information.
- (f) **Statements, Part 9, Question 17– ERISA Plan as an Employee Benefit.** The Debtors sponsor a 401(k) plan for their employees.
- (g) **Statements, Part 10, Question 20 – Off-premises storage.** The Debtors’ sales force uses certain third parties for storage of product samples. In addition, there are four sales team members that have samples at their houses. The Debtors’ track all inventory including these samples to ensure accurate inventory records.
- (h) **Statements, Part 13, Question 25 – Businesses in Which the Debtors Have an Interest.** Impel Pharmaceuticals, Inc. has a 100% interest in Impel NeuroPharma Australia Pty Ltd.

- (i) **Statements, Part 13, Question 26 – Books, records, and financial statements.** The Debtors’ common stock was publicly traded on the Nasdaq stock exchange. As of December 18, 2023, the Debtor’s common stock was suspended from trading. Prior to the suspension of trading on the Nasdaq, the Debtors reported their financial results directly to the U.S. Securities and Exchange Commission for compliance with regulations. Additionally, a copy of financial results have been provided to Oaktree, the senior secured creditor of the Debtors.
- (j) **Statements, Part 13, Question 27 – Inventories – Supervisor and Dates of Last Two Inventories.** The Debtors perform inventory counts of raw materials and finished goods inventories on an annual basis or as needed for operational reasons. The information included in response to Question 27 reflects the last two inventory dates.
- (k) **Statements, Part 13, Question 28 and 29 – Current and Former Officer and Directors.** While the Debtors have made reasonable best efforts to list all applicable officers and directors for each Debtor in response to Statement Questions 28 and 29, some may have been omitted. Disclosures relate specifically to terminated job titles or positions and are not indicative of the individuals’ current employment status with the Debtors.
- (l) **Statements, Part 13, Question 30 – Payments, Distributions, or Withdrawals to Insiders.** Refer to Statement Question 4 for this item.

\* \* \* \* \*



**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

In re:

IMPEL PHARMACEUTICALS, INC., *et al.*<sup>1</sup>

Debtors.

Chapter 11

Case No. 23-80016 (SGJ)

(Jointly Administered)

**AMENDED SCHEDULES OF ASSETS AND LIABILITIES OF  
DEBTOR IMPEL PHARMACEUTICALS, INC. (CASE NO. 23-80016)**

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<sup>1</sup> The Debtors in this chapter 11 case, together with the last four digits of the Debtor's federal tax identification number, are: Impel Pharmaceuticals Inc. (8238); and Impel NeuroPharma Australia Pty Ltd (N/A). The Debtors' service address is 201 Elliot Avenue West, Suite 260, Seattle, WA 98119.

Debtor Name **Impel Pharmaceuticals Inc.**  
**United States Bankruptcy Court for the Northern District of Texas**  
Case number (if known): **23-80016**

☒ Check if this is an  
amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets - Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from *Schedule A/B*..... \$0.00

**1b. Total personal property:**

Copy line 91A from *Schedule A/B*..... \$27,115,368.09

**1c. Total of all property:**

Copyline 92 from *Schedule A/B*..... \$27,115,368.09

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D..... \$127,026,463.65

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from the line 5a of *Schedule E/F*..... \$730,380.04

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... + \$3,330,098.25

**4. Total liabilities** .....

Lines 2 + 3a + 3b \$131,086,941.94

Debtor Name **Impel Pharmaceuticals Inc.****United States Bankruptcy Court for the Northern District of Texas**Case number (if known): **23-80016**☒ Check if this is an amended filingOfficial Form 206A/B**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be complete and accurate as possible. If more space is needed, attach a separate spreadsheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1	JP Morgan Chase	Checking	*5227	\$261,426.30
3.2	JP Morgan Chase	Checking	*0303	\$0.00
3.3	JP Morgan Chase	Money Market	*3200	\$488,135.37
3.4	JP Morgan Chase	Money Market	*1616	\$4,417,531.71
3.5	JP Morgan Chase	Money Market	*2211	\$0.00

**4. Other cash equivalents****5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$5,167,093.38**

Debtor Impel Pharmaceuticals Inc.

Case Number (if known) 23-80016

**Part 2: Deposits and prepayments**

**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

		Current value of debtor's interest
<b>7. Deposits, including security deposits and utility deposits</b>		
Description, including name of holder of deposit		
7.1 Bridge Commercial Real Estate (Malvern, PA office) - BOF II PA Lindenwood LLC		\$38,213.76
7.2 BMR Security Deposit - BMR - 201 Elliot Avenue LLC		\$187,000.00
7.3 Deposit Account for Rebate Processing - Integrichain		\$211,596.02
7.4 Security Deposit for Storage Space - Cubework		\$5,814.60
7.5 Deposit for Employee FSA/HAS - Navia Benefit Solutions		\$5,720.65
7.6 Inventory Deposit - MiPharm (EUR)		\$111,661.48
7.7 Deposit - PSKW, LLC (ConnectiveRX)		\$230,000.00
7.8 Severance Funds - ADP		\$180,000.00
<b>8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent</b>		
Description, including name of holder of prepayment		
8.1 See Attached Exhibit AB8		\$3,244,504.43
<b>9. Total of Part 2</b>		<b>\$4,214,510.94</b>
Add lines 7 through 8. Copy the total to line 81.		

**Part 3: Accounts Receivable**

**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Debtor Impel Pharmaceuticals Inc.

Case Number (if known) 23-80016

**Current value of  
debtor's interest**

**11. Accounts receivable**

11a. 90 days old or less:	\$3,599,960.04	-	\$0.00	=	\$3,599,960.04
	face amount		doubtful or uncollectible accounts		
11b. Over 90 days old:	\$9,630.25	-	\$0.00	=	\$9,630.25
	face amount		doubtful or uncollectible accounts		

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$3,609,590.29**

**Part 4: Investments**

**13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.
- ☒ Yes. Fill in the information below.

**Valuation method  
used for current value**      **Current value of  
debtor's interest**

**14. Mutual funds of publicly traded stocks not included in Part 1**

Name of fund or stock:

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:      % of ownership:

15.1	Impel Neuropharma Australia Pty Ltd	100%	Net Book Value	Undetermined
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**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

**Part 5: Inventory, excluding agricultural assets**

**18. Does the debtor own any inventory (excluding agricultural assets)?**

Debtor Impel Pharmaceuticals Inc.

Case Number (if known) 23-80016

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw Materials</b>				
19.1 See Attached Exhibit AB19	12/19/2023	\$4,896,593.64	Net Book Value	\$4,896,593.64
<b>20. Work in progress</b>				
20.1 SPEC, DHE Mesylate Form	12/19/2023	\$0.00	Net Book Value	\$0.00
20.2 Reservoir Device, 200, In Packaging	12/19/2023	\$2,729,981.45	Net Book Value	\$2,729,981.45
<b>21. Finished goods, including goods held for resale</b>				
21.1 PC104-01 4-Pack	12/19/2023	\$2,593,546.30	Net Book Value	\$2,593,546.30
				Finished goods have a 12 month shelf life
<b>22. Other inventory or supplies</b>				
<b>23. Total of Part 5</b>				<b>\$10,220,121.39</b>
Add lines 19 through 22. Copy the total to line 84.				
<b>24. Is any of the property listed in Part 5 perishable?</b>				
<input checked="" type="checkbox"/> No.				
<input type="checkbox"/> Yes.				
<b>25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?</b>				
<input checked="" type="checkbox"/> No.				
<input type="checkbox"/> Yes. Book Value \$ _____ Valuation Method _____ Current Value \$ _____				
<b>26. Has any of the property listed in Part 5 been appraised by a professional within the last year?</b>				



Debtor Impel Pharmaceuticals Inc.

Case Number (if known) 23-80016

☒ No.

☐ Yes.

**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
28. Crops - either planted or harvested			
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6 Add lines 28 through 32. Copy the total to line 85.			
34. Is the debtor a member of an agricultural cooperative?			

☐ No.

☐ Yes.

Debtor Impel Pharmaceuticals Inc.

Case Number (if known) 23-80016

Is any of the debtor's property stored at the cooperative?

- ☐ No.  
☐ Yes.

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No.  
☐ Yes. Book Value \$ \_\_\_\_\_ Valuation Method \_\_\_\_\_ Current Value \$ \_\_\_\_\_

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No.  
☐ Yes.

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No.  
☐ Yes.

**Part 7:** Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

	General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
39.1	Furniture & Fixtures, Net	\$91,815.06	Net Book Value	\$91,815.06
40.	Office fixtures			

Debtor Impel Pharmaceuticals Inc.

Case Number (if known) 23-80016

40.1	Office Fixtures, Net (Includes Construction in Progress)	\$1,343,128.23	Net Book Value	\$1,343,128.23
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**41. Office equipment, including all computer equipment and communication systems equipment and software**

41.1	Office Equipment	\$2,459,258.80	Net Book Value	\$2,459,258.80
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**42. Collectibles**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

**43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$3,894,202.09**

**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No.
- ☒ Yes.

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No.
- ☐ Yes.

**Part 8: Machinery, equipment, and vehicles**

**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, or titled farm vehicles</b>			

Debtor Impel Pharmaceuticals Inc.

Case Number (if known) 23-80016

47.1 See Attached Exhibit AB47  
See Global Notes

Undetermined

N/A

Undetermined

**48. Watercraft, trailers, motors, and related accessories**

Examples: Boats, trailers, motors, floating homes, personal watercraft, fishing vessels

**49. Aircraft and accessories**

**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No.

☒ Yes.

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No.

☐ Yes.

**Part 9: Real property**

**54. Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Debtor Impel Pharmaceuticals Inc.

Case Number (if known) 23-80016

Description and location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
55.1 Office and Laboratory use of 11,526 sqft; 201 Elliott Ave W, Seattle, WA 98119	Lease	Undetermined	N/A	Undetermined
55.2 Lease Agreement: BOF II PA Lindewood LLC 101 Lindenwood Drive, Malvern, PA 19355	Lease	Undetermined	N/A	Undetermined
56. <b>Total of Part 9.</b> Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				
57. <b>Is a depreciation schedule available for any of the property listed in Part 9?</b>  <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.				
58. <b>Has any of the property listed in Part 9 been appraised by a professional within the last year?</b>  <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.				
<b>Part 10: Intangibles and intellectual property</b>				

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, or trade secrets			
60.1 Patents: See Attached Exhibit AB60	Undetermined	N/A	Undetermined

Debtor Impel Pharmaceuticals Inc.

Case Number (if known) 23-80016

60.2 Trademarks: See Attached Exhibit AB 60

Undetermined

N/A

Undetermined

**61. Internet domain names and websites**

61.1 Websites and Domain Name  
See attached Exhibit AB61

Undetermined

N/A

Undetermined

61.2 Social Media Accounts  
See Global Notes

Undetermined

N/A

Undetermined

**62. Licenses, franchises, and royalties**

**63. Customer lists, mailing lists, or other compilations**

**64. Other intangibles, or intellectual property**

**65. Goodwill**

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**67. Do your lists or records include personally identifiable information of customers?**

☒ No.

☐ Yes.

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No.

☐ Yes.



Debtor Impel Pharmaceuticals Inc.

Case Number (if known) 23-80016

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No.

☐ Yes.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

☐ No. Go to Part 12.

☒ Yes. Fill in the information below.

**Current value of  
debtor's interest**

71. Notes receivable

Description (include name of obligor)

- =

Total face amount

Doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

72.1 See Global Notes

Various

Undetermined

73. Interests in insurance policies or annuities

73.1 See Attached Exhibit AB73

Undetermined

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Nature of claim

Amount Requested

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Nature of claim

Amount Requested

Debtor Impel Pharmaceuticals Inc.

Case Number (if known) 23-80016

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed**

Examples: Season tickets, country club membership

77.1	Unused Amazon Gift Cards	\$9,850.00
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78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$9,850.00**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No.

☐ Yes.

Debtor Impel Pharmaceuticals Inc.

Case Number (if known) 23-80016

**Part 12:** Summary

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$5,167,093.38	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$4,214,510.94	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$3,609,590.29	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>		
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$10,220,121.39	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>		
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$3,894,202.09	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>		
88. <b>Real Property.</b> <i>Copy line 56, Part 9.</i>		
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>		
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	\$9,850.00	
91. <b>Total.</b> Add lines 80 through 90 for each column.	91a. <b>\$27,115,368.09</b>	91b. <b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92.....		<b>\$27,115,368.09</b>

## SCHEDULES OF ASSETS AND LIABILITIES

### EXHIBIT FOR SCHEDULE AB

#### PART 2, QUESTION 8

PREPAYMENTS, INCLUDING PREPAYMENTS ON  
EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES,  
AND RENT

Impel Pharmaceuticals Inc.

Case No. 23-80016

**Schedule AB 8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and i**

Description	Name of holder of prepayment	Current value of debtor's interest
Office Rent	BMR - RENT 201 Elliott	\$33,724.82
Office Lease	Bridge RE - Malvern PA	\$7,396.21
Health Insurance	AETNA employee health benefits	\$39,320.23
Dental Insurance	Delta Dental	\$3,678.64
Vision Insurance	VSP	\$348.08
Life and Other Insurance	Lincoln National Life	\$1,323.15
Administrative Appliation	Docusign	\$9,238.35
Administrative Appliation	Docusign	\$2,265.73
Administrative Appliation	Zoom	\$2,778.72
Regulation Compliance	Mastercontrol	\$51,529.08
Oversight	Managed Markets Insight & Technology (MMIT)	\$1,250.00
Oversight	Managed Markets Insight & Technology (MMIT)	\$3,750.00
Oversight	Managed Markets Insight & Technology (MMIT)	\$8,100.00
Administrative Appliation	Veeva	\$209,680.20
Administrative Appliation	Qpharma	\$7,500.00
Research Tool	Donnelly	\$19,477.46
Regulation Compliance	Food and Drug Admin	\$347,278.34
Research Tool	Spherix	\$10,708.37
Research Tool	Nasdaq	\$5,166.63
Clinical Development	PPD	\$72,398.50
Lender Fees	Oaktree	\$11,666.64
Legal Fees	Sidley Austin	\$38,919.51
Administrative Appliation	MedCompli	\$8,750.02
Fleet Management	Emkay, Inc.	\$67,300.00
Management Liability (Employment Practices Liability, Fiduciary Liability)	Endurance American Specialty Insurance Company	\$50,462.11
D&O Insurance	Axis Insurance Company	\$220,850.83
D&O Insurance	Hudson Insurance Company	\$131,250.00
D&O Insurance	Endurance American Insurance Company	\$77,083.33
D&O Insurance	Atlantic Specialty Insurance Company (Intact)	\$45,479.17
D&O Insurance	ACE American Insurance Company (Chubb)	\$25,000.00
D&O Insurance	Old Republic Insurance Company	\$18,750.00
D&O Insurance	Axis Insurance Company	\$662,553.00
D&O Insurance	Hudson Insurance Company	\$393,750.30
D&O Insurance	Endurance American Insurance Company	\$231,250.17
D&O Insurance	Atlantic Specialty Insurance Company (Intact)	\$136,437.60
D&O Insurance	ACE American Insurance Company (Chubb)	\$75,000.00
D&O Insurance	Old Republic Insurance Company	\$56,250.04
Pollution Liability Insurance	Illinois Union Insurance Company	\$13,547.13
Cargo Insurance	Beazley Insurance Company	\$25,833.33

Impel Pharmaceuticals Inc.

Case No. 23-80016

Schedule AB 8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and i

Description	Name of holder of prepayment	Current value of debtor's interest
Domestic Package (Property, General Liability)	Phoenix Insurance Company	\$6,232.23
Commercial Automobile	Travelers Indemnity Company of America	\$31,509.71
Umbrella Insurance	Travelers Indemnity Company of America	\$7,409.52
Workers Compensation	Travelers Indemnity Company of America	\$9,938.22
Product & Clinical Trial Liability	Underwriters at Lloyd, London (Beazley)	\$40,984.46
Cyber Insurance	Underwriters at Lloyd, London (Beazley)	\$5,769.35
Excess Liability Insurance	Westfield Specialty Insurance Company	\$9,725.93
GST Refund Receivable - AUS	Australian Taxation Office	\$5,889.30
<b>Total</b>		<b>\$3,244,504.43</b>



## **SCHEDULES OF ASSETS AND LIABILITIES**

### **EXHIBIT FOR SCHEDULE AB**

#### **PART 5, QUESTION 19**

##### **RAW MATERIALS**

Impel Pharmaceuticals Inc.  
Case No. 23-80016  
Schedule AB 19. Raw Materials.

General description	Location	Date of the last physical inventory	Net book value of debtor's interest (where available)	Valuation method used for current value	Current value of debtor's interest
Nozzle, Front Loaded	FMBP(Freudenberg Medical Baldwin Park)	12/19/2023	\$ 94,716.71	Standard	\$ 94,716.71
Y-Junction, 1/8 Stem	CUBEWORK(CUBEWORK)	12/19/2023	\$ 22,601.60	Standard	\$ 22,601.60
Dose Chamber, 240 uL	FMBP(Freudenberg Medical Baldwin Park)	12/19/2023	\$ 18,654.54	Standard	\$ 18,654.54
Diffuser, Annular, 2_5	FMBP(Freudenberg Medical Baldwin Park)	12/19/2023	\$ 75,613.65	Standard	\$ 75,613.65
Finger Grip, Right, No Insert	CUBEWORK(CUBEWORK)	12/19/2023	\$ 56,129.50	Standard	\$ 56,129.50
Finger Grip, Right, No Insert	FMBP(Freudenberg Medical Baldwin Park)	12/19/2023	\$ 721.66	Standard	\$ 721.66
Clamshell, Right, GEN 1	CUBEWORK(CUBEWORK)	12/19/2023	\$ 77,910.00	Standard	\$ 77,910.00
Clamshell, Right, GEN 1	FMBP(Freudenberg Medical Baldwin Park)	12/19/2023	\$ 6,134.94	Standard	\$ 6,134.94
Clamshell, Left, GEN 1	CUBEWORK(CUBEWORK)	12/19/2023	\$ 77,910.00	Standard	\$ 77,910.00
Clamshell, Left, GEN 1	FMBP(Freudenberg Medical Baldwin Park)	12/19/2023	\$ 5,294.94	Standard	\$ 5,294.94
Finger Grip, Left, No Insert	CUBEWORK(CUBEWORK)	12/19/2023	\$ 56,129.50	Standard	\$ 56,129.50
Finger Grip, Left, No Insert	FMBP(Freudenberg Medical Baldwin Park)	12/19/2023	\$ 773.01	Standard	\$ 773.01
Adapter, Check Valve	FMBP(Freudenberg Medical Baldwin Park)	12/19/2023	\$ 12,054.71	Standard	\$ 12,054.71
Valve, Duckbill, Flanged	FMBP(Freudenberg Medical Baldwin Park)	12/19/2023	\$ 40,961.16	Standard	\$ 40,961.16
Spring, Extension, 0.5	FMBP(Freudenberg Medical Baldwin Park)	12/19/2023	\$ 23,922.27	Standard	\$ 23,922.27
Propellant Canister, 10ML, 63 UI	CUBEWORK(CUBEWORK)	12/19/2023	\$ 2,336,876.36	Standard	\$ 2,336,876.36
Pump, SGD, 200UL	CUBEWORK(CUBEWORK)	12/19/2023	\$ 148,027.40	Standard	\$ 148,027.40
Pump, SGD, 200UL	FMBP(Freudenberg Medical Baldwin Park)	12/19/2023	\$ 213.91	Standard	\$ 213.91
PC104-01, Packaging, As Molded	CUBEWORK(CUBEWORK)	12/19/2023	\$ 88,441.92	Standard	\$ 88,441.92
PC104-01, Packaging, As Molded	FMBP(Freudenberg Medical Baldwin Park)	12/19/2023	\$ 8,245.86	Standard	\$ 8,245.86
DHE API Bulk	MIPHARM(Mipharm)	12/19/2023	\$ 1,745,260.00	Standard	\$ 1,745,260.00
<b>Total</b>			<b>\$ 4,896,593.64</b>		<b>\$ 4,896,593.64</b>

## SCHEDULES OF ASSETS AND LIABILITIES

### EXHIBIT FOR SCHEDULE AB

#### PART 8, QUESTION 47

AUTOMOBILES, VANS, TRUCKS, MOTORCYCLES,  
TRAILERS, OR TITLED FARM VEHICLES

Impel Pharmaceuticals Inc.

Case No. 23-80016

Schedule AB 47. Automobiles, vans, trucks, motorcycles, trailers, or titled farm vehicles.

Vehicle_VIN	Year	Make	Model	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
YV4162UK7N2726120	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12UE4P2962910	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK3N2746932	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK8N2746957	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK2N2747179	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK5N2725483	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK2N2725439	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK4N2729380	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK1N2726100	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UKXN2725513	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK7N2725565	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12RN2P1265069	2023	VOLVO	XC60	Undetermined	N/A	Undetermined
YV4162UK3N2725711	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12UE5P2962785	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK3N2726227	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12UE0P2962743	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK9N2725843	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK7N2726408	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12UE6P2047430	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK3N2725823	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12UE6P2965436	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK9N2725776	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK7N2759487	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UM8N2765221	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK2N2725862	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12RN2P1257683	2023	VOLVO	XC60	Undetermined	N/A	Undetermined
YV4L12UE2P2964719	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12UE7P2962819	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12RK4N1986724	2022	VOLVO	XC60	Undetermined	N/A	Undetermined
YV4L12UE8P2047526	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
4T1R11AK0PU097368	2023	TOYOT	CAMRY	Undetermined	N/A	Undetermined
YV4162UK2N2761003	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12RK8N1986760	2022	VOLVO	XC60	Undetermined	N/A	Undetermined
YV4L12RK9N1986752	2022	VOLVO	XC60	Undetermined	N/A	Undetermined
YV4L12UE6P2962861	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK6N2747038	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK2N2725599	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12RK2N1035101	2022	VOLVO	XC60	Undetermined	N/A	Undetermined
YV4L12UE6P2962780	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12RK8N1982286	2022	VOLVO	XC60	Undetermined	N/A	Undetermined
1FMSK7DH7NGB91034	2022	FORD	EXPLR	Undetermined	N/A	Undetermined
YV4L12RN1P1266438	2023	VOLVO	XC60	Undetermined	N/A	Undetermined
YV4L12UE7P2047405	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK2N2759963	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12UE4P2962888	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK5N2725872	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12UEXP2965648	2023	VOLVO	XC40	Undetermined	N/A	Undetermined

Impel Pharmaceuticals Inc.

Case No. 23-80016

Schedule AB 47. Automobiles, vans, trucks, motorcycles, trailers, or titled farm vehicles.

Vehicle_VIN	Year	Make	Model	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
YV4162UK4N2725524	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK5N2766504	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK8N2747249	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12RK5N1087967	2022	VOLVO	XC60	Undetermined	N/A	Undetermined
YV4A22PK0N1815878	2022	VOLVO	XC90	Undetermined	N/A	Undetermined
YV4L12UE3P2975602	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12RN1P1266472	2023	VOLVO	XC60	Undetermined	N/A	Undetermined
YV4162UK4N2746907	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
1FMSK8DH2NGA12291	2022	FORD	EXPLR	Undetermined	N/A	Undetermined
YV4162UK1N2746993	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK5N2746978	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK0N2747228	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12RK2N1986351	2022	VOLVO	XC60	Undetermined	N/A	Undetermined
YV4L12UE5P2962866	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12RK9N1986718	2022	VOLVO	XC60	Undetermined	N/A	Undetermined
YV4162UK8N2726031	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK6N2747282	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12UE7P2052314	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12UE2P2962713	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK5N2706853	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4L12UE2P2963084	2023	VOLVO	XC40	Undetermined	N/A	Undetermined
YV4162UK9N2747048	2022	VOLVO	XC40	Undetermined	N/A	Undetermined
				<b>Undetermined</b>	<b>N/A</b>	<b>Undetermined</b>

## **SCHEDULES OF ASSETS AND LIABILITIES**

### **EXHIBIT FOR SCHEDULE AB**

#### **PART 10, QUESTION 60**

#### **PATENTS, COPYRIGHTS, TRADEMARKS, OR TRADE SECRETS**

## Schedule 3.12

### Intellectual Property

(a)

1. Reference is made to the Patent Assets.
2. Reference is made to the Trademark Assets.

(b)

1. Exclusive Patent License Agreement between Impel NeuroPharma, Inc. and the University of Washington acting through UW TechTransfer, Technology Licensing dated May 26, 2009, as amended on October 14, 2009 and July 22, 2013.
2. The Company enters into supply and service agreements with suppliers, vendors and other service providers in the ordinary course of business which contain licenses to Business Intellectual Property which are incidental to the supply or performance of services thereunder.
3. On April 27, 2021 the Company received correspondence from Resource Transition Consultants LLC, general receiver for Kurve Technology, Inc. (“**Kurvetech**”), alleging infringement of one or more patents owned by Kurvetech. In a series of correspondence, the Company provided explanation and evidence to Kurvetech establishing that the Company’s Trudhesa™ product is fundamentally different from the devices described and claimed in the Kurvetech patents, and that the Company product therefore does not infringe the Kurvetech patents. On August 9, 2021 Kurvetech served a subpoena on the Company in a civil case in the Superior Court for the State of Washington in which Kurvetech is a defendant, seeking additional information (the Company is not a party to that civil case, which appears to be a bankruptcy action involving Kurvetech). On August 23, 2021 the Company timely objected to the subpoena providing several bases for objection, including that adequate information had already been provided. Since the serving of objections on August 23, 2021, there has been no correspondence or communications of any kind with Kurvetech (collectively, the “**Kurvetech Matter**”).

(d)

1. The Company intends to take no action with respect to the below actions.

Due Date	Action	Trademark/Matter	Class	Country	App #	Reg #	Status
5-Jan-2024	Declaration of Use Due	TRUDHESA	5	Mexico	2329211	2152309	Registered
10-Jan-2024	Statement of Use 2nd Extension	IMPEL DOTS Logo (in color)	5, 10, 35, 42, 44	United States	97347411		Pending - Allowed - SOU Ext 1

(e)

1. Reference is made to the Kurvetech Matter.

(f)

1. Between January and April of 2021, the Company filed oppositions against the UK and EU trademark applications of Pods Group Limited (“**Pods Group**”) (UK App. Nos. UK00003505978; UK00003505983; EU App Nos. IR 1563058; IR 1561785), for goods and services in Class 5, 10 and 44, based on the Company’s rights in POD. In April of 2021 the Company requested, through UK counsel, that Pods Group narrow the description of goods and services in its applications, and sign undertakings restricting Pods Group’s use of POD to the goods and services in the amended applications. Pods Group declined to comply with the Company’s proposal and settlement discussions ultimately ceased. In May of 2023 the UK authority decided the oppositions largely in the Company’s favor, as to the goods and services in the Pods Group’s applications that were identical or similar to Company’s goods and services. The UK decision caused the Pods Group’s applications in the EU and all other countries to be narrowed in the same way. The POD (stylized) opposition in the EU was decided in the Company’s favor in full after Pods Group defaulted.

2. On November 11, 2022 the Company sent a letter to Mr. Girishchandra, applicant of the TRUDENSE (stylized) mark in India, for medicinal and pharmaceutical preparations in Class 5 (App. No. 5429303), objecting to Mr. Girishchandra’s use and registration of the mark, based on the Company’s rights in TRUDHESA. On November 22, 2022 the Company filed an opposition against Mr. Girishchandra’s application. On December 22, 2022 the parties reached an agreement wherein the Company agreed to withdraw the opposition, provided Mr. Girishchandra amended the description of goods in his application, and agreed not use or file for TRUDENSE (or similar) for preparations related to neurological diseases. Both parties then submitted requests to the India Trademark Office for same. As of May 2023, the Company was awaiting confirmation from the Trademark Office that the requests were processed.

3. In May of 2023 the Company learned that Vivos Therapeutics, Inc. is using the mark THE POD in connection with a device for the treatment and prevention of migraine headaches, and that

Vivos owns registrations in the US for the marks THE POD and .



APPLICATION TYPE	TITLE	APPLICATION NUMBER	PATENT NUMBER	COUNTRY	COUNTRY WIPO ID	FILE DATE	ISSUE DATE	PUBLICATION NUMBER	PUBLICATION DATE	LOCAL FILING DATE	PRIORITY DATE	STATUS
Utility - NSPCT	(001CA) Circumferential Aerosol Device	2,713,762	2713762	Canada	CA	Feb 6, 2009	Oct 18, 2016			Jul 29, 2010	Feb 7, 2008	Issued
Utility - EPPAT	(001DE) Circumferential Aerosol Device	09707800.0	2247330	Germany	DE	Feb 6, 2009	Sep 20, 2017	2247330	Nov 10, 2010		Feb 7, 2008	Issued
Utility - NSPCT	(001EP) Circumferential Aerosol Device	09707800.0	2247330	European Patent Office	EP	Feb 6, 2009	Sep 20, 2017	2247330	Nov 10, 2010	Jul 30, 2010	Feb 7, 2008	Issued
Utility - EPPAT	(001ES) Circumferential Aerosol Device	09707800.0	2247330	Spain	ES	Feb 6, 2009	Sep 20, 2017	2247330	Nov 10, 2010		Feb 7, 2008	Issued
Utility - EPPAT	(001FR) Circumferential Aerosol Device	09707800.0	2247330	France	FR	Feb 6, 2009	Sep 20, 2017	2247330	Nov 10, 2010		Feb 7, 2008	Issued
Utility - EPPAT	(001GB) Circumferential Aerosol Device	09707800.0	2247330	United Kingdom	GB	Feb 6, 2009	Sep 20, 2017	2247330	Nov 10, 2010		Feb 7, 2008	Issued
Utility - EPPAT	(001IT) Circumferential Aerosol Device	09707800.0	2247330	Italy	IT	Feb 6, 2009	Sep 20, 2017	2247330	Nov 10, 2010		Feb 7, 2008	Issued
Utility - NSPCT	(001US) Circumferential Aerosol Device	12/866,448	8,757,146	United States of America	US	Feb 6, 2009	Jun 24, 2014	2011-0048414	Mar 3, 2011	Oct 22, 2010	Feb 7, 2008	Issued
Utility - DIV	(001USD1) Circumferential Aerosol Device	14/292,481	10,016,582	United States of America	US	May 30, 2014	Jul 10, 2018	2014-0343494	Nov 20, 2014		Feb 7, 2008	Issued
Utility - EPPAT	(002DE) Circumferential Aerosol Device for Delivering Drugs to Olfactory Epithelium and Brain	11818832.5	2605816	Germany	DE	Aug 19, 2011	Jan 23, 2019	2605816			Aug 20, 2010	Issued
Utility - NSPCT	(002EP) Circumferential Aerosol Device for Delivering Drugs to Olfactory Epithelium and Brain	11818832.5	2605816	European Patent Office	EP	Aug 19, 2011	Jan 23, 2019	2605816	Jun 26, 2013	Mar 14, 2013	Aug 20, 2010	Issued
Utility - EPPAT	(002FR) Circumferential Aerosol Device for Delivering Drugs to Olfactory Epithelium and Brain	11818832.5	2605816	France	FR	Aug 19, 2011	Jan 23, 2019	2605816			Aug 20, 2010	Issued
Utility - EPPAT	(002GB) Circumferential Aerosol Device for Delivering Drugs to Olfactory Epithelium and Brain	11818832.5	2605816	United Kingdom	GB	Aug 19, 2011	Jan 23, 2019	2605816			Aug 20, 2010	Issued
Utility - NSPCT	(004AU) Nasal Drug Delivery Device	2012223160	2012223160	Australia	AU	Mar 5, 2012	Dec 1, 2016			Aug 21, 2013	Mar 3, 2011	Issued
Utility - DIV	(004AUD1) Nasal Drug Delivery Device	2016256665	2016256665	Australia	AU	Mar 5, 2012	Feb 21, 2019	2016256665		Nov 7, 2016	Mar 3, 2011	Issued
Utility - NSPCT	(004BR) Nasal Drug Delivery Device	BR 11 2013 022249-2	BR 112013022249-2	Brazil	BR	Mar 5, 2012	Apr 12, 2022	11 2013 022249 2	Apr 28, 2020	Aug 30, 2013	Mar 3, 2011	Issued
Utility - DIV	(004BR) Nasal Drug Delivery Device	BR 12 2021 02471-5	BR122021002471-5	Brazil	BR	Mar 5, 2012	Jun 14, 2022			Feb 8, 2021	Mar 3, 2011	Issued
Utility - NSPCT	(004CA) Nasal Drug Delivery Device	2,828,884	2828884	Canada	CA	Mar 5, 2012	Apr 27, 2021	2,828,884	Sep 7, 2012	Aug 30, 2013	Mar 3, 2011	Issued
Utility - DIV	(004CAD1) Nasal Drug Delivery Device	3,111,516	3,111,516	Canada	CA	Mar 5, 2012	May 23, 2023			Mar 5, 2021	Mar 3, 2011	Issued
Utility - EPPAT	(004CH) Nasal Drug Delivery Device	12752463.5	2680913	Switzerland	CH	Mar 5, 2012	May 6, 2020	2680913			Mar 3, 2011	Issued
Utility - EPPAT	(004CH) Nasal Drug Delivery Device	20158982.7	3679971	Switzerland	CH	Mar 5, 2012	Jul 27, 2022	3679971	Jul 15, 2020		Mar 3, 2011	Issued
Utility - NSPCT	(004CN) Nasal Drug Delivery Device	201280021497.4	ZL201280021497.4	China	CN	Mar 5, 2012	Feb 15, 2017	103917265		Nov 1, 2013	Mar 3, 2011	Issued
Utility - EPPAT	(004DE) Nasal Drug Delivery Device	12752463.5	60 2012 069 911.6	Germany	DE	Mar 5, 2012	May 6, 2020	2680913			Mar 3, 2011	Issued
Utility - EPPAT	(004DE) Nasal Drug Delivery Device	20158982.7	60 2012 078 550.0	Germany	DE	Mar 5, 2012	Jul 27, 2022	3679971	Jul 15, 2020		Mar 3, 2011	Issued
Utility - NSPCT	(004EP) Nasal Drug Delivery Device	12752463.5	2680913	European Patent Office	EP	Mar 5, 2012	May 6, 2020	2680913	Jan 8, 2014	Sep 26, 2013	Mar 3, 2011	Issued
Utility - DIV	(004EPD1) Nasal Drug Delivery Device	20158982.7	3679971	European Patent Office	EP	Mar 5, 2012	Jul 27, 2022	3679971	Jul 15, 2020	Feb 24, 2020	Mar 3, 2011	Issued
Utility - EPPAT	(004FR) Nasal Drug Delivery Device	12752463.5	2680913	France	FR	Mar 5, 2012	May 6, 2020	2680913			Mar 3, 2011	Issued
Utility - EPPAT	(004FR) Nasal Drug Delivery Device	20158982.7	3679971	France	FR	Mar 5, 2012	Jul 27, 2022	3679971	Jul 15, 2020		Mar 3, 2011	Issued
Utility - EPPAT	(004GB) Nasal Drug Delivery Device	12752463.5	2680913	United Kingdom	GB	Mar 5, 2012	May 6, 2020	2680913			Mar 3, 2011	Issued
Utility - EPPAT	(004GB) Nasal Drug Delivery Device	20158982.7	3679971	United Kingdom	GB	Mar 5, 2012	Jul 27, 2022	3679971	Jul 15, 2020		Mar 3, 2011	Issued
Utility - NSPCT	(004IN) Nasal Drug Delivery Device	7465/DELNP/2013	409215	India	IN	Mar 5, 2012	Oct 18, 2022			Aug 23, 2013	Mar 3, 2011	Issued
Utility - NSPCT	(004JP) Nasal Drug Delivery Device	2013-556677	6339371	Japan	JP	Mar 5, 2012	May 18, 2018	6339371		Sep 2, 2013	Mar 3, 2011	Issued
Utility - NSPCT	(004RU) Nasal Drug Delivery Device	2013144395	2612506	Russian Federation	RU	Mar 5, 2012	Mar 9, 2017			Oct 2, 2013	Mar 3, 2011	Issued
Utility - DIV	(004RUD1) Nasal Drug Delivery Device	2017105845	2728583	Russian Federation	RU	Mar 5, 2012	Jul 30, 2020	2017105845 A	Jan 21, 2019	Feb 22, 2017	Mar 3, 2011	Issued
Utility - CON	(004US) Nasal Drug Delivery Device	14/017,048	9,550,036	United States of America	US	Sep 3, 2013	Jan 24, 2017	2014-0014104	Jan 16, 2014		Mar 3, 2011	Issued
Utility - CON	(004USC1) Nasal Drug Delivery Device	15/338,097	10,507,295	United States of America	US	Oct 28, 2016	Dec 17, 2019	2017-0043109	Feb 16, 2017		Mar 3, 2011	Issued
Utility - CON	(004USC2) Nasal Drug Delivery Device	16/664,588	11,730,903	United States of America	US	Oct 25, 2019	Aug 22, 2023	2020-0078544	Mar 12, 2020		Mar 3, 2011	Issued
Utility - CON	(004USC3) Nasal Drug Delivery Device	18/346,244		United States of America	US	Jul 2, 2023					Mar 3, 2011	Pending
Utility - NSPCT	(005AU) Nozzles for Nasal Drug Delivery	2012253569	2012253569	Australia	AU	May 9, 2012	May 31, 2018	2012253569		Apr 11, 2013	May 9, 2011	Issued
Utility - DIV	(005AUD1) Nozzles for Nasal Drug Delivery	2018200530	2018200530	Australia	AU	May 9, 2012	Nov 21, 2019	2018200530	Aug 8, 2019	Jan 23, 2018	May 9, 2011	Issued
Utility - NSPCT	(005BR) Nozzles for Nasal Drug Delivery	11 2013 028572 9	BR 112013028572-9	Brazil	BR	May 9, 2012	Nov 3, 2021	11 2013 028572 9	Jan 17, 2017	Nov 16, 2013	May 9, 2011	Issued
Utility - NSPCT	(005CA) Nozzles for Nasal Drug Delivery	2,835,208	2835208	Canada	CA	May 9, 2012	Aug 20, 2019			Nov 5, 2013	May 9, 2011	Issued
Utility - EPPAT	(005CH) Nozzles for Nasal Drug Delivery	12781605.6	2707146	Switzerland	CH	May 9, 2012	Apr 28, 2021	2707146	Mar 19, 2014		May 9, 2011	Issued
Utility - NSPCT	(005CN) Nozzles for Nasal Drug Delivery	201280029975.6	ZL201280029975.6	China	CN	May 9, 2012	Aug 8, 2017	103619485A	Mar 5, 2014		May 9, 2011	Issued
Utility - DIV	(005CND1) Nozzles for Nasal Drug Delivery	201710572447.X	ZL201710572447.X	China	CN	May 9, 2012	Jul 9, 2021	CN 107376071 B	Nov 24, 2017	Jul 13, 2017	May 9, 2011	Issued
Utility - EPPAT	(005DE) Nozzles for Nasal Drug Delivery	12781605.6	60 2012 075 398.6	Germany	DE	May 9, 2012	Apr 28, 2021	2707146	Mar 19, 2014		May 9, 2011	Issued
Utility - NSPCT	(005EP) Nozzles for Nasal Drug Delivery	12781605.6	2707146	European Patent Office	EP	May 9, 2012	Apr 28, 2021	2707146	Mar 19, 2014	Dec 4, 2013	May 9, 2011	Issued
Utility - DIV	(005EPD1) Nozzles for Nasal Drug Delivery	21161728.7		European Patent Office	EP	May 9, 2012		3851142	Jul 21, 2021	Mar 8, 2021	May 9, 2011	Pending

APPLICATION TYPE	TITLE	APPLICATION NUMBER	PATENT NUMBER	COUNTRY	COUNTRY WIPO ID	FILE DATE	ISSUE DATE	PUBLICATION NUMBER	PUBLICATION DATE	LOCAL FILING DATE	PRIORITY DATE	STATUS
Utility - EPPAT	(005FR) Nozzles for Nasal Drug Delivery	12781605.6	2707146	France	FR	May 9, 2012	Apr 28, 2021	2707146	Mar 19, 2014		May 9, 2011	Issued
Utility - EPPAT	(005GB) Nozzles for Nasal Drug Delivery	12781605.6	2707146	United Kingdom	GB	May 9, 2012	Apr 28, 2021	2707146	Mar 19, 2014		May 9, 2011	Issued
Utility - NSPCT	(005IN) Nozzles for Nasal Drug Delivery	9576/DELNP/2013	406303	India	IN	May 9, 2012	Sep 9, 2022	51/2014	Dec 19, 2014	Nov 6, 2013	May 9, 2011	Issued
Utility - NSPCT	(005JP) Nozzles for Nasal Drug Delivery	2014-510444	6645735	Japan	JP	May 9, 2012	Jan 14, 2020	2014-518707	Aug 7, 2014	Nov 8, 2013	May 9, 2011	Issued
Utility - DIV	(005JP01) Nozzles for Nasal Drug Delivery	2017-145911	6959708	Japan	JP	May 9, 2012	Oct 12, 2021	6959708	Oct 19, 2017	Jul 27, 2017	May 9, 2011	Issued
Utility - NSPCT	(005RU) Nozzles for Nasal Drug Delivery	2013154420	2618084	Russian Federation	RU	May 9, 2012	May 2, 2017				May 9, 2011	Issued
Utility - DIV	(005RUD1) Nozzles for Nasal Drug Delivery	2017113604	2741249	Russian Federation	RU	May 9, 2012	Jan 22, 2021	2017113604	Jan 28, 2019	Apr 20, 2017	May 9, 2011	Issued
Utility - CON	(005US) Nozzles for Nasal Drug Delivery	14/075,126	9,919,117	United States of America	US	Nov 8, 2013	Mar 20, 2018	2014-0083424	Mar 27, 2014		May 9, 2011	Issued
Utility - CON	(005USC1) Nozzles for Nasal Drug Delivery	15/890,266	10,940,278	United States of America	US	Feb 6, 2018	Mar 9, 2021	2018-0236190	Aug 23, 2018		May 9, 2011	Issued
Utility - CON	(005USC2) Nozzles for Nasal Drug Delivery	17/164,371		United States of America	US	Feb 1, 2021		2021-0322689	Oct 21, 2021		May 9, 2011	Allowed
Utility - CON	(005USC3) Nozzles for Nasal Drug Delivery	18/505,101		United States of America	US	Nov 11, 2023					May 9, 2011	Pending
Utility - DIV	(005USD1) Nozzles for Nasal Drug Delivery	15/844,474	11,007,332	United States of America	US	Dec 15, 2017	May 18, 2021	2018-0126101	May 10, 2018		May 9, 2011	Issued
Utility - NSPCT	(006CA) Medical Unit Dose Container	2,909,954	2909954	Canada	CA	Apr 28, 2014	Mar 23, 2021	2,909,954	Nov 6, 2014	Oct 20, 2015	Apr 28, 2013	Issued
Utility - EPPAT	(006CH) Medical Unit Dose Container	14727320.5	2991713	Switzerland	CH	Apr 28, 2014	Jun 19, 2019	2991713			Apr 28, 2013	Issued
Utility - EPPAT	(006DE) Medical Unit Dose Container	14727320.5	DE 60 2014 048 612.6	Germany	DE	Apr 28, 2014	Jun 19, 2019	2991713			Apr 28, 2013	Issued
Utility - NSPCT	(006EP) Medical Unit Dose Container	14727320.5	2991713	European Patent Office	EP	Apr 28, 2014	Jun 19, 2019	2991713	Mar 9, 2016	Nov 4, 2015	Apr 28, 2013	Issued
Utility - EPPAT	(006FR) Medical Unit Dose Container	14727320.5	2991713	France	FR	Apr 28, 2014	Jun 19, 2019	2991713			Apr 28, 2013	Issued
Utility - EPPAT	(006GB) Medical Unit Dose Container	14727320.5	2991713	United Kingdom	GB	Apr 28, 2014	Jun 19, 2019	2991713			Apr 28, 2013	Issued
Utility - NSPCT	(006US) Medical Unit Dose Container	14/787,455	10,537,692	United States of America	US	Apr 28, 2014	Jan 21, 2020	2016-0101245	Apr 14, 2016	Oct 27, 2015	Apr 28, 2013	Issued
Utility - CON	(006USC1) Medical Unit Dose Container	16/695,147	11,191,910	United States of America	US	Nov 25, 2019	Dec 7, 2021	2020-0101243	Apr 2, 2020		Apr 28, 2013	Issued
Utility - NSPCT	(008AU) In-Line Nasal Delivery Device	2016321345	2016321345	Australia	AU	Sep 9, 2016	Mar 25, 2021	2016321345	Apr 19, 2018	Mar 28, 2018	Sep 10, 2015	Issued
Utility - NSPCT	(008CA) In-Line Nasal Delivery Device	2,998,182		Canada	CA	Sep 9, 2016			Mar 8, 2018		Sep 10, 2015	Pending
Utility - EPPAT	(008CH) In-Line Nasal Delivery Device	16845229.0	3341059	Switzerland	CH	Sep 9, 2016	Mar 2, 2022	3341059	Jul 4, 2018		Sep 10, 2015	Issued
Utility - NSPCT	(008CN) In-Line Nasal Delivery Device	201680060459.8	ZL 201680060459.8	China	CN	Sep 9, 2016	Jul 9, 2021	CN 108601916 B	Sep 28, 2018	Apr 16, 2018	Sep 10, 2015	Issued
Utility - EPPAT	(008DE) In-Line Nasal Delivery Device	16845229.0	60 2016 069 688.6	Germany	DE	Sep 9, 2016	Mar 2, 2022	3341059	Jul 4, 2018		Sep 10, 2015	Issued
Utility - NSPCT	(008EP) In-Line Nasal Delivery Device	16845229.0	3341059	European Patent Office	EP	Sep 9, 2016	Mar 2, 2022	3341059	Jul 4, 2018	Mar 29, 2018	Sep 10, 2015	Issued
Utility - EPPAT	(008FR) In-Line Nasal Delivery Device	16845229.0	3341059	France	FR	Sep 9, 2016	Mar 2, 2022	3341059	Jul 4, 2018		Sep 10, 2015	Issued
Utility - EPPAT	(008GB) In-Line Nasal Delivery Device	16845229.0	3341059	United Kingdom	GB	Sep 9, 2016	Mar 2, 2022	3341059	Jul 4, 2018		Sep 10, 2015	Issued
Utility - NSPCT	(008IL) In-Line Nasal Delivery Device	257845	257845	Israel	IL	Sep 9, 2016	Oct 2, 2022	257845	Jul 2, 2022	Mar 4, 2018	Sep 10, 2015	Issued
Utility - NSPCT	(008IN) In-Line Nasal Delivery Device	201847012776		India	IN	Sep 9, 2016		201847012776 A	Apr 13, 2018	Apr 4, 2018	Sep 10, 2015	Pending
Utility - NSPCT	(008JP) In-Line Nasal Delivery Device	2018-513344	6753927	Japan	JP	Sep 9, 2016	Aug 24, 2020	2018-527099	Sep 20, 2018	Mar 12, 2018	Sep 10, 2015	Issued
Utility - DIV	(008JP01) In-Line Nasal Delivery Device	2020-139519	7001777	Japan	JP	Sep 9, 2016	Dec 28, 2021	2020-185475	Nov 19, 2020	Aug 20, 2020	Sep 10, 2015	Issued
Utility - NSPCT	(008KR) In-Line Nasal Delivery Device	10-2018-7009528		Republic of Korea	KR	Sep 9, 2016		10-2018-0052662	May 18, 2018	Apr 4, 2018	Sep 10, 2015	Pending
Utility - NSPCT	(008MX) In-Line Nasal Delivery Device	MX/a/2018/002895	397293	Mexico	MX	Sep 9, 2016	Nov 9, 2022		Mar 7, 2018		Sep 10, 2015	Issued
Utility - NSPCT	(008NZ) In-Line Nasal Delivery Device	741171	741171	New Zealand	NZ	Sep 9, 2016	Apr 29, 2022	741171	Jan 28, 2022	Mar 28, 2018	Sep 10, 2015	Issued
Utility - NSPCT	(008US) In-Line Nasal Delivery Device	15/759,447	11,266,799	United States of America	US	Sep 9, 2016	Mar 8, 2022	2018-0256836	Sep 13, 2018	Mar 12, 2018	Sep 10, 2015	Issued
Utility - CON	(008USC3) In-Line Nasal Delivery Device	18/297,601		United States of America	US	Apr 8, 2023		2023-0241334	Aug 3, 2023		Sep 10, 2015	Pending
Utility - CON	(008USC4) In-Line Nasal Delivery Device	18/538,917		United States of America	US	Dec 13, 2023						Pending
Utility - NSPCT	(008ZA) In-Line Nasal Delivery Device	2018/01543	2018/01543	South Africa	ZA	Sep 9, 2016	Aug 31, 2022			Mar 6, 2018	Sep 10, 2015	Issued
Utility - NSPCT	(009EP) Intranasal Device With Dip Tube	18881599.7		European Patent Office	EP	Nov 21, 2018		3713628	Sep 30, 2020	May 21, 2020	Nov 21, 2017	Allowed
Utility - ORG	(009HK) Intranasal Device With Dip Tube	62021025263.6		Hong Kong	HK	Nov 21, 2018		40036055		Feb 8, 2021	Nov 21, 2017	Pending
Utility - NSPCT	(009JP) Intranasal Device With Dip Tube	2020-528005	7191099	Japan	JP	Nov 21, 2018	Dec 8, 2022	2021-503989	Feb 15, 2021	May 20, 2020	Nov 21, 2017	Issued
Utility - NPREG	(009US) Intranasal Device With Dip Tube	16/198,403	11,571,532	United States of America	US	Nov 21, 2018	Feb 7, 2023	2019-0151579	May 23, 2019		Nov 21, 2017	Issued
Utility - NSPCT	(010CA) Intranasal Device with Inlet Interface	3,081,680		Canada	CA	Nov 21, 2018				May 4, 2020	Nov 21, 2017	Pending
Utility - NSPCT	(010CN) Intranasal Device with Inlet Interface	201880075221.1	ZL 201880075221.1	China	CN	Nov 21, 2018	Aug 16, 2022	CN 111372635 B	Jul 3, 2020	May 21, 2020	Nov 21, 2017	Issued

Utility - NSPCT	(010EP) Intranasal Device with Inlet Interface	18880741.6		European Patent Office	EP	Nov 21, 2018		3713626	Sep 30, 2020	May 21, 2020	Nov 21, 2017	Allowed
Utility - ORG	(010HK) Intranasal Device with Inlet Interface	62021024307.2		Hong Kong	HK	Nov 21, 2018		40034724		Jan 26, 2021	Nov 21, 2017	Pending
Utility - NPREG	(010US) Intranasal Device with Inlet Interface	16/198,312	11,395,887	United States of America	US	Nov 21, 2018	Jul 26, 2022	2019-0151576	May 23, 2019		Nov 21, 2017	Issued

APPLICATION TYPE	TITLE	APPLICATION NUMBER	PATENT NUMBER	COUNTRY	COUNTRY WIPO ID	FILE DATE	ISSUE DATE	PUBLICATION NUMBER	PUBLICATION DATE	LOCAL FILING DATE	PRIORITY DATE	STATUS
Utility - CON	(010USC1) Intranasal Device with Inlet Interface	17/835,256		United States of America	US	Jun 8, 2022		2022-032698	Oct 13, 2022		Nov 21, 2017	Allowed
Utility - NSPCT	(011AU) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	2019205318	2019205318	Australia	AU	Jan 4, 2019	Jun 9, 2022	2019205318	Jul 30, 2020	Jul 10, 2020	Jan 5, 2018	Issued
Utility - NSPCT	(011BR) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	BR 11 2020 013744-8		Brazil	BR	Jan 4, 2019				Jul 3, 2020	Jan 5, 2018	Pending
Utility - NSPCT	(011CA) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	3,088,942	3088942	Canada	CA	Jan 4, 2019	Jan 3, 2023			Jul 2, 2020	Jan 5, 2018	Issued
Utility - EPPAT	(011CH) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	19735973.0	3735244	Switzerland	CH	Jan 4, 2019	Nov 23, 2022	3735244	Nov 11, 2020		Jan 5, 2018	Issued
Utility - NSPCT	(011CN) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	201980016882.1		China	CN	Jan 4, 2019		CN 111936140 A	Nov 13, 2020	Sep 2, 2020	Jan 5, 2018	Pending
Utility - NSPCT	(011EP) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	19735973.0	3735244	European Patent Office	EP	Jan 4, 2019	Nov 23, 2022	3735244	Nov 11, 2020	Jul 21, 2020	Jan 5, 2018	Issued
Utility - EPPAT	(011EPBE) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	19735973.0	3735244	Belgium	BE	Jan 4, 2019	Nov 23, 2022	3735244	Nov 11, 2020		Jan 5, 2018	Issued
Utility - EPPAT	(011EPDE) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	19735973.0	60 2019 022 249.1	Germany	DE	Jan 4, 2019	Nov 23, 2022	3735244	Nov 11, 2020		Jan 5, 2018	Issued
Utility - EPPAT	(011EPES) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	19735973.0	3735244	Spain	ES	Jan 4, 2019	Nov 23, 2022	3735244	Nov 11, 2020		Jan 5, 2018	Issued
Utility - EPPAT	(011EPFR) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	19735973.0	3735244	France	FR	Jan 4, 2019	Nov 23, 2022	3735244	Nov 11, 2020		Jan 5, 2018	Issued
Utility - EPPAT	(011EPIT) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	19735973.0	502023000004236	Italy	IT	Jan 4, 2019	Nov 23, 2022	3735244	Nov 11, 2020		Jan 5, 2018	Issued
Utility - EPPAT	(011EPNL) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	19735973.0	3735244	Netherlands	NL	Jan 4, 2019	Nov 23, 2022	3735244	Nov 11, 2020		Jan 5, 2018	Issued
Utility - EPPAT	(011GB) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	19735973.0	3735244	United Kingdom	GB	Jan 4, 2019	Nov 23, 2022	3735244	Nov 11, 2020		Jan 5, 2018	Issued
Utility - ORG	(011HK) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	62021029274.9	40039614	Hong Kong	HK	Jan 4, 2019	Apr 14, 2023	40039614		Apr 14, 2021	Jan 5, 2018	Issued
Utility - NSPCT	(011IN) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	202047033483		India	IN	Jan 4, 2019		202047033483 A	Sep 18, 2020	Aug 5, 2020	Jan 5, 2018	Pending
Utility - NSPCT	(011JP) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	2020-537473	7317020	Japan	JP	Jan 4, 2019	Jul 20, 2023	2021-510155	Apr 15, 2021	Jul 6, 2020	Jan 5, 2018	Issued
Utility - NSPCT	(011KR) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	10-2020-7022585		Republic of Korea	KR	Jan 4, 2019		10-2020-0118032	Oct 14, 2020	Aug 4, 2020	Jan 5, 2018	Pending
Utility - EPPAT	(011LU) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	19735973.0	3735244	Luxembourg	LU	Jan 4, 2019	Nov 23, 2022	3735244	Nov 11, 2020		Jan 5, 2018	Issued
Utility - CON	(011USC1) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	17/062,364	11,185,497	United States of America	US	Oct 2, 2020	Nov 30, 2021	2021-0022995	Jan 28, 2021		Jan 5, 2018	Issued
Utility - CON	(011USC2) Intranasal Delivery of Dihydroergotamine by Precision Olfactory Device	17/492,136		United States of America	US	Oct 1, 2021		2022-0105030	Apr 7, 2022		Jan 5, 2018	Pending
Utility - NSPCT	(012CA) Intranasal Delivery of Levodopa Powder By Precision Olfactory Device	3,087,696		Canada	CA	Jan 4, 2019				Jul 3, 2020	Jan 5, 2018	Pending
Utility - NSPCT	(012EP) Intranasal Delivery of Levodopa Powder By Precision Olfactory Device	19735763.5		European Patent Office	EP	Jan 4, 2019		3735298	Nov 11, 2020	Jul 21, 2020	Jan 5, 2018	Pending
Utility - CON	(012USC1) Intranasal Delivery of Levodopa Powder by Precision Olfactory Device	17/498,381		United States of America	US	Oct 11, 2021		2022-0296504	Sep 22, 2022		Jan 5, 2018	Pending
Utility - NSPCT	(013AU) Intranasal Delivery of Olanzapine By Precision Olfactory Device	2019205329	2019205329	Australia	AU	Jan 4, 2019	Aug 3, 2023	2019205329	Jul 30, 2020	Jul 13, 2020	Jan 5, 2018	Issued
Utility - NSPCT	(013BR) Intranasal Delivery of Olanzapine By Precision Olfactory Device	BR 11 2020 013750-2		Brazil	BR	Jan 4, 2019				Jul 3, 2020	Jan 5, 2018	Pending
Utility - NSPCT	(013CA) Intranasal Delivery of Olanzapine By Precision Olfactory Device	3,087,698		Canada	CA	Jan 4, 2019				Jul 3, 2020	Jan 5, 2018	Pending
Utility - NSPCT	(013CN) Intranasal Delivery of Olanzapine By Precision Olfactory Device	201980016880.2		China	CN	Jan 4, 2019		CN 111836615 A	Oct 27, 2020	Sep 2, 2020	Jan 5, 2018	Pending
Utility - NSPCT	(013EP) Intranasal Delivery of Olanzapine By Precision Olfactory Device	19735694.2		European Patent Office	EP	Jan 4, 2019		3735223	Nov 11, 2020	Jul 21, 2020	Jan 5, 2018	Pending
Utility - ORG	(013HK) Intranasal Delivery of Olanzapine By Precision Olfactory Device	62021029305.1		Hong Kong	HK	Jan 4, 2019		40039329		Apr 14, 2021	Jan 5, 2018	Pending
Utility - NSPCT	(013IN) Intranasal Delivery of Olanzapine By Precision Olfactory Device	202047033486		India	IN	Jan 4, 2019		202047033486 A	Sep 11, 2020	Aug 5, 2020	Jan 5, 2018	Pending
Utility - NSPCT	(013JP) Intranasal Delivery of Olanzapine By Precision Olfactory Device	2020-537508		Japan	JP	Jan 4, 2019		2021-509677	Apr 1, 2021	Jul 6, 2020	Jan 5, 2018	Pending
Utility - NSPCT	(013KR) Intranasal Delivery of Olanzapine By Precision Olfactory Device	10-2020-7022587		Republic of Korea	KR	Jan 4, 2019		10-2020-0118034	Oct 14, 2020	Aug 4, 2020	Jan 5, 2018	Pending

Utility - NPREG	(013US) Intranasal Delivery of Olanzapine by Precision Olfactory Device	16/240,653	11,278,492	United States of America	US	Jan 4, 2019	Mar 22, 2022	2019-0240150	Aug 8, 2019		Jan 5, 2018	Issued
APPLICATION TYPE	TITLE	APPLICATION NUMBER	PATENT NUMBER	COUNTRY	COUNTRY WIPO ID	FILE DATE	ISSUE DATE	PUBLICATION NUMBER	PUBLICATION DATE	LOCAL FILING DATE	PRIORITY DATE	STATUS
Utility - CON	(013USC1) Intranasal Delivery of Olanzapine by Precision Olfactory Device	17/574,511	11,752,100	United States of America	US	Jan 12, 2022	Sep 12, 2023	2022-0183965	Jun 16, 2022		Jan 5, 2018	Issued
Utility - CON	(013USC2) Intranasal Delivery of Olanzapine by Precision Olfactory Device	18/357,927		United States of America	US	Jul 24, 2023					Jan 5, 2018	Pending
Utility - NSPCT	(014CN) Respiratory Tract Delivery of Levodopa and Dopa Decarboxylase Inhibitor for Treatment of Parkinson's Disease	201980061336.X		China	CN	Jul 19, 2019		CN 112955134 A	Jun 11, 2021	Mar 18, 2021	Jul 19, 2018	Pending
Utility - NSPCT	(014EP) Respiratory Tract Delivery of Levodopa and Dopa Decarboxylase Inhibitor for Treatment of Parkinson's Disease	19838654.2		European Patent Office	EP	Jul 19, 2019		3823607	May 26, 2021	Feb 1, 2021	Jul 19, 2018	Pending
Utility - NSPCT	(014JP) Respiratory Tract Delivery of Levodopa and Dopa Decarboxylase Inhibitor for Treatment of Parkinson's Disease	2021-502918		Japan	JP	Jul 19, 2019		2021-532098	Nov 25, 2021	Jan 19, 2021	Jul 19, 2018	Pending
Utility - NSPCT	(014KR) Respiratory Tract Delivery of Levodopa and Dopa Decarboxylase Inhibitor for Treatment of Parkinson's Disease	10-2021-7004903		Republic of Korea	KR	Jul 19, 2019		10-2021-0034047	Mar 29, 2021	Feb 18, 2021	Jul 19, 2018	Pending
Utility - NPREG	(014US) Respiratory Tract Delivery of Levodopa and Dopa Decarboxylase Inhibitor for Treatment of Parkinson's Disease	16/517,423	11,517,548	United States of America	US	Jul 19, 2019	Dec 6, 2022	2020-0046667	Feb 13, 2020		Jul 19, 2018	Issued
Utility - CON	(014USC1) Respiratory Tract Delivery of Levodopa and Dopa Decarboxylase Inhibitor for Treatment of Parkinson's Disease	18/313,330		United States of America	US	May 6, 2023					Jul 19, 2018	Pending
Utility - DIV	(014USD1) Respiratory Tract Delivery of Levodopa and Dopa Decarboxylase Inhibitor for Treatment of Parkinson's Disease	17/682,033	11,690,819	United States of America	US	Feb 28, 2022	Jul 4, 2023	2022-0233486	Jul 28, 2022		Jul 19, 2018	Issued
Utility - NSPCT	(015AU) Nasal Drug Delivery Device	2019418744	2019418744	Australia	AU	Dec 17, 2019	Nov 16, 2023	2019418744	Jul 22, 2021	Jun 28, 2021	Jan 3, 2019	Issued
Utility - NSPCT	(015BR) Nasal Drug Delivery Device	BR 11 2021 013244-9		Brazil	BR	Dec 17, 2019				Jul 5, 2021	Jan 3, 2019	Pending
Utility - NSPCT	(015CA) Nasal Drug Delivery Device	3,125,430		Canada	CA	Dec 17, 2019				Jun 29, 2021	Jan 3, 2019	Allowed
Utility - NSPCT	(015CN) Nasal Drug Delivery Device	201980092137.5	ZL 201980092137.5	China	CN	Dec 17, 2019	Sep 9, 2022	CN 113473967 A	Oct 1, 2021	Aug 13, 2021	Jan 3, 2019	Issued
Utility - NSPCT	(015EP) Nasal Drug Delivery Device	19907973.2		European Patent Office	EP	Dec 17, 2019		3906017	Nov 10, 2021	Jul 1, 2021	Jan 3, 2019	Pending
Utility - ORG	(015HK) Nasal Drug Delivery Device	62022053022.9		Hong Kong	HK	Dec 17, 2019				Jun 24, 2022	Jan 3, 2019	Pending
Utility - NSPCT	(015IL) Nasal Drug Delivery Device	284362	284362	Israel	IL	Dec 17, 2019	May 2, 2023	284362	Feb 1, 2023	Jun 24, 2021	Jan 3, 2019	Issued
Utility - NSPCT	(015IN) Nasal Drug Delivery Device	202147033648		India	IN	Dec 17, 2019		202147033648	Jul 30, 2021	Jul 27, 2021	Jan 3, 2019	Pending
Utility - NSPCT	(015JP) Nasal Drug Delivery Device	2021-53946	7213991	Japan	JP	Dec 17, 2019	Jan 19, 2023	2022-517757	Mar 10, 2022	Jul 5, 2021	Jan 3, 2019	Issued
Utility - NSPCT	(015KR) Nasal Drug Delivery Device	10-2021-7023935		Republic of Korea	KR	Dec 17, 2019		10-2021-0109007	Sep 3, 2021	Jul 27, 2021	Jan 3, 2019	Allowed
Utility - NSPCT	(015MX) Nasal Drug Delivery Device	MX/a/2021/008082		Mexico	MX	Dec 17, 2019		MX/a/2021/008082	Sep 1, 2021	Jul 1, 2021	Jan 3, 2019	Allowed
Utility - NSPCT	(015NZ) Nasal Drug Delivery Device	777687		New Zealand	NZ	Dec 17, 2019				Jun 28, 2021	Jan 3, 2019	Pending
Utility - NSPCT	(015SG) Nasal Drug Delivery Device	11202107019V		Singapore	SG	Dec 17, 2019				Jun 26, 2021	Jan 3, 2019	Pending
Utility - NSPCT	(015US) Nasal Drug Delivery Device	17/420,640	11,759,585	United States of America	US	Dec 17, 2019	Sep 19, 2023	2022-0088327	Mar 24, 2022	Jul 2, 2021	Jan 3, 2019	Issued
Utility - NSPCT	(015ZA) Nasal Drug Delivery Device	2021/04682	2021/04682	South Africa	ZA	Dec 17, 2019	Nov 30, 2022			Jul 5, 2021	Jan 3, 2019	Issued
Utility - NSPCT	(016AU) Single-Use Nasal Delivery Device	2020277313		Australia	AU	May 15, 2020				Dec 12, 2021	May 17, 2019	Pending
Utility - NSPCT	(016BR) Single-Use Nasal Delivery Device	BR 11 2021 023049-1		Brazil	BR	May 15, 2020				Nov 17, 2021	May 17, 2019	Pending
Utility - NSPCT	(016CA) Single-Use Nasal Delivery Device	3,140,374		Canada	CA	May 15, 2020				Nov 12, 2021	May 17, 2019	Pending
Utility - NSPCT	(016CN) Single-Use Nasal Delivery Device	202080046714.X		China	CN	May 15, 2020		CN 114025816 A	Feb 8, 2022	Dec 24, 2021	May 17, 2019	Pending
Utility - NSPCT	(016EP) Single-Use Nasal Delivery Device	20808724.7		European Patent Office	EP	May 15, 2020		3969085	Mar 23, 2022	Nov 19, 2021	May 17, 2019	Pending
Utility - ORG	(016HK) Single-Use Nasal Delivery Device	62022054694.4		Hong Kong	HK	May 15, 2020		40066820		Aug 26, 2022	May 17, 2019	Pending
Utility - NSPCT	(016IN) Single-Use Nasal Delivery Device	202147057493		India	IN	May 15, 2020		202147057493	Jan 28, 2022	Dec 10, 2021	May 17, 2019	Pending
Utility - NSPCT	(016JP) Single-Use Nasal Delivery Device	2021-568728		Japan	JP	May 15, 2020		2022-532259	Jul 13, 2022	Nov 17, 2021	May 17, 2019	Pending
Utility - NSPCT	(016KR) Single-Use Nasal Delivery Device	10-2021-7041344		Republic of Korea	KR	May 15, 2020		10-2022-0010011	Jan 25, 2022	Dec 16, 2021	May 17, 2019	Pending
Utility - NPREG	(016US) Single-Use Nasal Delivery Device	16/875,906		United States of America	US	May 15, 2020		2020-0360627	Nov 19, 2020		May 17, 2019	Allowed
Utility - NSPCT	(018AU) Repeated Administration of Dihydroergotamine for Treatment of Frequent Migraine Headaches	2021.207626		Australia	AU	Jan 13, 2021				Aug 4, 2022	Jan 14, 2020	Pending
Utility - NSPCT	(018BR) Repeated Administration of Dihydroergotamine for Treatment of Frequent Migraine Headaches	BR 11 2022 013796-6		Brazil	BR	Jan 13, 2021				Jul 12, 2022	Jan 14, 2020	Pending
Utility - NSPCT	(018CA) Repeated Administration of Dihydroergotamine for Treatment of Frequent Migraine Headaches	3,167,555		Canada	CA	Jan 13, 2021				Jul 11, 2022	Jan 14, 2020	Pending
Utility - NSPCT	(018CN) Repeated Administration of Dihydroergotamine for Treatment of Frequent Migraine Headaches	202180020957.0		China	CN	Jan 13, 2021		CN 115279371 A	Nov 1, 2022	Sep 13, 2022	Jan 14, 2020	Pending
Utility - NSPCT	(018EP) Repeated Administration of Dihydroergotamine for Treatment of Frequent Migraine Headaches	21741027.3		European Patent Office	EP	Jan 13, 2021		4090331	Nov 23, 2022	Jul 19, 2022	Jan 14, 2020	Pending








Utility - ORG	(018HK) Repeated Administration of Dihydroergotamine for Treatment of Frequent Migraine Headaches	62022064577.9		Hong Kong	HK	Jan 13, 2021		40075485		Nov 24, 2022	Jan 14, 2020	Pending
Utility - NSPCT	(018JP) Repeated Administration of Dihydroergotamine for Treatment of Frequent Migraine Headaches	2022-543038		Japan	JP	Jan 13, 2021		2023-511547	Mar 20, 2023	Jul 14, 2022	Jan 14, 2020	Pending









APPLICATION TYPE	TITLE	APPLICATION NUMBER	PATENT NUMBER	COUNTRY	COUNTRY WIPO ID	FILE DATE	ISSUE DATE	PUBLICATION NUMBER	PUBLICATION DATE	LOCAL FILING DATE	PRIORITY DATE	STATUS
Utility - NSPCT	(018KR) Repeated Administration of Dihydroergotamine for Treatment of Frequent Migraine Headaches	10-2022-7028096		Republic of Korea	KR	Jan 13, 2021		10-2022-0129586	Sep 23, 2022	Aug 12, 2022	Jan 14, 2020	Pending
Utility - NPREG	(018US) Repeated Administration of Dihydroergotamine for Treatment of Frequent Migraine Headaches	17/148,154		United States of America	US	Jan 13, 2021		2021-0236485	Aug 5, 2021		Jan 14, 2020	Pending
Utility - NPREG	(018US) Repeated Administration of Dihydroergotamine for Treatment of Frequent Migraine Headaches	18/482,856		United States of America	US	Oct 7, 2023						Pending






Trademark	TM Image	Country	Class	App. Date App. No.	Reg. Date Reg. No.	Next Renewal	Status
IMPEL		Austria	10	6/22/2017 A0068020	6/22/2017 IR 1361080	6/22/2027	Registered
IMPEL		Canada	10, 42, 44	6/23/2017 1844268	10/27/2020 TMA1086254	10/27/2030	Registered
IMPEL		China	10	6/22/2017 A0068020	6/22/2017 IR 1361080	6/22/2027	Registered
IMPEL		EUTM	10	6/22/2017 A0068020	6/22/2017 IR 1361080	6/22/2027	Registered
IMPEL		India	10	6/22/2017 A0068020	6/22/2017 IR 1361080	6/22/2027	Registered
IMPEL		Japan	10	6/22/2017 A0068020	6/22/2017 IR 1361080	6/22/2027	Registered
IMPEL		Mexico	10	6/22/2017 1934521 / A0068020	6/22/2017 IR 1361080 / 2477867	6/22/2027	Registered
IMPEL		South Korea	10	6/22/2017 A0068020	6/22/2017 IR 1361080	6/22/2027	Registered
IMPEL		United Kingdom	10	6/22/2017 A0068020	6/22/2017 IR 1361080	6/22/2027	Registered



Trademark	TM Image	Country	Class	App. No.	Reg. Date	Reg. No.	Next Renewal	Status
IMPEL DOTS Logo (in color)		Mexico	10	10/4/2022 A0128057		IR 1696890		Pending
IMPEL DOTS Logo (in color)		Mexico	35	10/4/2022 A0128057		IR 1696890		Pending
IMPEL DOTS Logo (in color)		Mexico	42	10/4/2022 A0128057		IR 1696890		Pending
IMPEL DOTS Logo (in color)		Mexico	44	10/4/2022 A0128057		IR 1696890		Pending
IMPEL DOTS Logo (in color)		Mexico	5	10/4/2022 A0128057		IR 1696890		Pending
IMPEL DOTS Logo (in color)		South Korea	5, 10, 35, 42, 44	10/4/2022 A0128057		IR 1696890		Pending
IMPEL DOTS Logo (in color)		United Kingdom	5, 10, 35, 42, 44	10/4/2022 A0128057	10/4/2022	IR 1696890	10/4/2032	Registered




Trademark	TM Image	Country	Class	App. No.	Reg. Date	Reg. No.	Next Renewal	Status
IMPEL DOTS Logo (in color)		United States	5, 10, 35, 42, 44	4/5/2022 97347411				Pending
IMPEL DOTS Logo (in color)		WIPO	5, 10, 35, 42, 44	10/4/2022 A0128057	10/4/2022 IR 1696890	10/4/2032		Registered
IMPEL Logo		Australia	10	6/23/2017 A0068043	6/23/2017 IR 1362565	6/23/2027		Registered
IMPEL Logo		Canada	10, 42, 44	6/23/2017 1844270	2/18/2021 TMA1093962	2/18/2031		Registered
IMPEL Logo		China	10	6/23/2017 A0068043	6/23/2017 IR 1362565	6/23/2027		Registered
IMPEL Logo		EUTM	10	6/23/2017 A0068043	6/23/2017 IR 1362565	6/23/2027		Registered
IMPEL Logo		India	10	6/23/2017 A0068043	6/23/2017 IR 1362565	6/23/2027		Registered
IMPEL Logo		Japan	10	6/23/2017 A0068043	6/23/2017 IR 1362565	6/23/2027		Registered

Trademark	TM Image	Country	Class	App. No.	Reg. Date Reg. No.	Next Renewal	Status
IMPEL Logo		Mexico	10	6/23/2017 1941236 / A0068043	6/23/2017 1976573 / IR 1362565	6/23/2027	Registered
IMPEL Logo		South Korea	10	6/23/2017 A0068043	6/23/2017 IR 1362565	6/23/2027	Registered
IMPEL Logo		United Kingdom	10	6/23/2017 A0068043	6/23/2017 IR 1362565	6/23/2027	Registered
IMPEL Logo		United Kingdom	10	6/23/2017 UK00801362565	6/23/2017 UK00801362565	6/23/2027	Registered
IMPEL Logo		WIPO	10	6/23/2017 A0068043	6/23/2017 IR 1362565	6/23/2027	Registered
IMPELPOD		Canada	10	7/2/2020 2037728			Pending
IMPELPOD		China	10	8/14/2018 32866749	4/28/2019 32866749	4/27/2029	Registered
IMPELPOD		Japan	10	6/4/2018 2018073552	5/10/2019 6142856	5/10/2029	Registered
IMPELPOD		Mexico	10	9/13/2018 2099268			Pending

Trademark	TM Image	Country	Class	App. No.	Reg. Date	Reg. No.	Next Renewal	Status
IMPELPOD		South Korea	10	5/15/2018	2/14/2019	2/14/2029	Registered	
				4020180065479	401447269			
POD		Australia	10	6/23/2017	6/23/2017	6/23/2027	Registered	
				A0068025	1868238 / IR 1361766			
POD		EUTM	10	6/23/2017	6/12/2017	6/23/2027	Registered	
				A0068025	IR 1361766			
POD		India	10	6/23/2017	6/23/2017	6/23/2027	Registered	
				A0068025	IR 1361766			
POD		United Kingdom	10	6/23/2017	6/23/2017	6/23/2027	Registered	
				A0068025	IR 1361766			
POD		United Kingdom	10	6/23/2017	6/12/2017	6/23/2027	Registered	
				UK00801361766	UK00801361766			
POD		United States	10	1/3/2017	3/20/2018	3/20/2028	Registered	
				87288146	5425969			
POD		WIPO	10	6/23/2017	6/23/2017	6/23/2027	Registered	
				A0068025	IR 1361766			
TRUDHESA		Australia	5	2/12/2020	9/21/2020	2/12/2030	Registered	
				2068247	2068247			
TRUDHESA		Canada	5	2/12/2020			Pending	
				2011118				

Trademark	TM Image	Country	Class	App. No.	Reg. Date Reg. No.	Next Renewal	Status
TRUDHESA		China	5	2/13/2020 44059589	10/21/2020 44059589	10/20/2030	Registered
TRUDHESA		EUTM	5	2/12/2020 018194677	6/13/2020 018194677	2/12/2030	Registered
TRUDHESA		India	5	2/14/2020 4441189	10/22/2020 4441189	2/14/2030	Registered
TRUDHESA		Japan	5	2/13/2020 2020015209	10/6/2020 6300807	10/6/2030	Registered
TRUDHESA		Mexico	5	2/12/2020 2329211	10/5/2020 2152309	2/12/2030	Registered
TRUDHESA		South Korea	5	2/12/2020 4020200022924	11/12/2020 401661992	11/12/2030	Registered
TRUDHESA		United Kingdom	5	2/12/2020 3466091	8/8/2020 3466091	2/12/2030	Registered
TRUDHESA		United Kingdom	5	2/12/2020 UK00918194677	6/13/2020 UK00918194677	2/12/2030	Registered
TRUDHESA		United States	35, 44	8/16/2021 90885069	11/22/2022 6908531	11/22/2032	Registered
TRUDHESA		United States	5	8/14/2019 88578186	3/1/2022 6660150	3/1/2032	Registered

Trademark	TM Image	Country	Class	App. No.	Reg. Date	Reg. No.	Next Renewal	Status
TRUDHESA Logo		United States	5	1/21/2020 88768014	4/5/2022 6694745		4/5/2032	Registered

[Record Count 64](#)

## **SCHEDULES OF ASSETS AND LIABILITIES**

### **EXHIBIT FOR SCHEDULE AB**

#### **PART 10, QUESTION 61**

#### **INTERNET DOMAIN NAMES AND WEBSITES**

Impel Pharmaceuticals Inc.

Case No. 23-80016

Schedule AB 61. Internet domain names and websites.

Website and Domain Name	Ownership Date	Expiration Date	Net Book Value of Debtor's Interest	Valuation method used for current value	Current value of debtor's interest
IMPELNEUROPHARMA.COM	8/11/2008	8/11/2024	Undetermined	Net Book Value	Undetermined
IMPELNP.COM	3/4/2014	3/4/2024	Undetermined	Net Book Value	Undetermined
IMPELTX.COM	4/23/2015	4/23/2025	Undetermined	Net Book Value	Undetermined
aboutdhephi.com	10/3/2018	10/3/2028	Undetermined	Net Book Value	Undetermined
dhephirx.com	10/3/2018	10/3/2028	Undetermined	Net Book Value	Undetermined
impelnp.info	2/3/2019	2/3/2024	Undetermined	Net Book Value	Undetermined
impelnp.net	2/3/2019	2/3/2024	Undetermined	Net Book Value	Undetermined
impelnp.biz	3/21/2019	3/21/2024	Undetermined	Net Book Value	Undetermined
impelnp.co	3/21/2019	3/21/2024	Undetermined	Net Book Value	Undetermined
impelnp.co.uk	3/21/2019	3/21/2024	Undetermined	Net Book Value	Undetermined
impelnp.io	3/21/2019	3/21/2024	Undetermined	Net Book Value	Undetermined
impelnp.online	3/21/2019	3/21/2024	Undetermined	Net Book Value	Undetermined
impelnp.us	3/21/2019	3/21/2024	Undetermined	Net Book Value	Undetermined
impelnpnponline.com	3/21/2019	3/21/2024	Undetermined	Net Book Value	Undetermined
myimpelnp.com	3/21/2019	3/21/2024	Undetermined	Net Book Value	Undetermined
aboutdhe.com	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
aboutdhe.info	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
aboutdhe.net	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
aboutdhe.org	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
trudhesa.com	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
trudhesa.info	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
trudhesa.net	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
trudhesa.org	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
trudhesahcp.com	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
trudhesahcp.info	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
trudhesahcp.net	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
trudhesahcp.org	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
tulifta.com	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
tulifta.info	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
tulifta.net	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
tulifta.org	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
tuliftahcp.com	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
tuliftahcp.info	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
tuliftahcp.net	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
tuliftahcp.org	7/31/2019	7/31/2025	Undetermined	Net Book Value	Undetermined
reroutemigrainerelief.com	4/28/2022	12/17/2025	Undetermined	Net Book Value	Undetermined
impelvva.com	3/4/2021	3/4/2024	Undetermined	Net Book Value	Undetermined
reroutemigrainereliefhcp.com	4/28/2022	3/23/2026	Undetermined	Net Book Value	Undetermined
impelpharma.biz	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharma.co.uk	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharma.com	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharma.info	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharma.io	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharma.mobi	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharma.net	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharma.org	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharma.us	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharmaceuticals.biz	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharmaceuticals.co.uk	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharmaceuticals.com	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharmaceuticals.info	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined

Impel Pharmaceuticals Inc.

Case No. 23-80016

Schedule AB 61. Internet domain names and websites.

Website and Domain Name	Ownership Date	Expiration Date	Net Book Value of Debtor's Interest	Valuation method used for current value	Current value of debtor's interest
impelpharmaceuticals.io	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharmaceuticals.mobi	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharmaceuticals.net	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharmaceuticals.org	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharmaceuticals.us	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelrx.biz	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelrx.co.uk	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelrx.info	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelrx.io	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelrx.mobi	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelrx.net	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelrx.org	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelrx.us	12/1/2021	12/1/2026	Undetermined	Net Book Value	Undetermined
impelpharma.co	12/1/2021	12/2/2026	Undetermined	Net Book Value	Undetermined
impelpharma.online	12/1/2021	12/2/2026	Undetermined	Net Book Value	Undetermined
impelpharmaceuticals.co	12/1/2021	12/2/2026	Undetermined	Net Book Value	Undetermined
impelpharmaceuticals.online	12/1/2021	12/2/2026	Undetermined	Net Book Value	Undetermined
impelrx.co	12/1/2021	12/2/2026	Undetermined	Net Book Value	Undetermined
impelrx.online	12/1/2021	12/2/2026	Undetermined	Net Book Value	Undetermined
hightechdeliveryformigraine.com	3/30/2022	3/30/2027	Undetermined	Net Book Value	Undetermined
impelboothexperience.com	3/30/2022	3/30/2027	Undetermined	Net Book Value	Undetermined
impelboothonline.com	3/30/2022	3/30/2027	Undetermined	Net Book Value	Undetermined
impelmigrainebooth.com	3/30/2022	3/30/2027	Undetermined	Net Book Value	Undetermined
treatmigrainethroughthenose.com	3/30/2022	3/30/2027	Undetermined	Net Book Value	Undetermined
			Undetermined	Net Book Value	Undetermined



## **SCHEDULES OF ASSETS AND LIABILITIES**

### **EXHIBIT FOR SCHEDULE AB**

#### **PART 11, QUESTION 73**

#### **INTERESTS IN INSURANCE POLICIES OR ANNUITIES**

Impel Pharmaceuticals Inc.

Case No. 23-80016

Schedule AB 73. Interests in insurance policies or annuities.

Company	Account number / Policy number	Description	Beneficiary	Insured party	Current value of debtor's interest
Phoenix Insurance Company	H6309T03997APHX23	Domestic Package (Property, General Liability)	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Travelers Indemnity Company of America	8109T02656723I2G	Commercial Automobile	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
ACE American Insurance Company	PHFD96470460001	Foreign Package	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Travelers Prop Casualty Company of America	UB1W57252623I2G	Workers Compensation	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Travelers Prop Casualty Company of America	CUP0X68428223I2	Umbrella	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Westfield Specialty Insurance Company	XSL00004J702	Excess Liability	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Underwriters at Lloyd, London (Beazley)	W1565A231001	Product & Clinical Trial Liability	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Illinois Union Insurance Company	PPLG4680272A004	Pollution Liability	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Beazley Insurance Company	FALV14SIO23PNGF	Cargo	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Underwriters at Lloyd, London (Beazley)	W23F7A230601	Cyber	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Hiscox Insurance Company Inc.	UKA301942222	Special Contingency	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Endurance American Specialty Insurance Company	MAP30015689500	Management Liability (Employment Practices Liability, Fiduciary Liability)	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Travelers Casualty and Surety Company of America	107431269	ERISA Bond	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Axis Insurance Company	P-001-000836447-02	Directors & Officers Liability (\$5M Primary)	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Hudson Insurance Company	HN-0303-7389-042323	1st Excess Directors & Officers Liability \$5M x \$5M	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Endurance American Insurance	DOX30018708701	2nd Excess Directors & Officers Liability \$5M x \$10M	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Atlantic Specialty Insurance	MMX-04436-23	3rd Excess Directors & Officers Liability \$5M x \$15M	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
ACE American Insurance	DOX G71091405 002	4th Excess Side-A and DIC Directors & Officers Liability \$5M x \$20M	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Old Republic Insurance Company	ORPRO 12 103417	5th Excess Side-A and DIC Directors & Officers Liability \$5M x \$25M	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
Hiscox Insurance Company Inc.	UC2481263023	Crime	Impel Pharmaceuticals	Impel Pharmaceuticals	Undetermined
<b>Total</b>					<b>Undetermined</b>

☒ Check if this is an amended filing

Official Form 206D

**Schedule D - Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims**If a creditor has more than one secured claim, list the creditor separately for each claim.

**Amount of Claim**  
Do not deduct the value of collateral  
**Value of collateral that supports this claim**

**2.1**

**Creditor's name**

OAKTREE FUND ADMINISTRATION, LLC

**Creditor's mailing address**

251 LITTLE FALLS DR  
WILMINGTON, DE 19808

**Describe debtor's property that is subject to a lien**

SECURED BY SUBSTANTIALLY ALL REAL, PERSONAL, AND MIXED PROPERTY OF IMPEL, SUBJECT TO THE EXCLUSIONS SPECIFIED IN THE UNDERLYING SECURITY DOCUMENTS

\$127,026,463.65

UNKNOWN

**Describe the lien**

Senior Secured Loans

**Creditor's email address, if known**

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Date debt was incurred**

**Is anyone else liable on this claim?**

- ☒ No  
☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**Last four digits of account number**

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.  
☒ No. Specify each creditor, including this creditor, and its relative priority.

**As of the petition filing date, the claim is:**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$127,026,463.65



Main Document Page 61 of 218			
2.4	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,894.00      \$13,894.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.5	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,187.00      \$3,187.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.6	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,295.00      \$6,295.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.7	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,215.00      \$12,215.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		

Main Document Page 62 of 218			
2.8	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,150.00      \$15,150.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.9	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$59,818.37      \$15,150.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.10	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$28,397.36      \$15,150.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.11	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$22,296.94      \$15,150.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		

Main Document Page 63 of 218			
2.12	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,558.36         \$15,150.00
2.13	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,466.30         \$15,150.00
2.14	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,612.89         \$15,150.00
2.15	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,293.72         \$15,150.00

Main Document Page 64 of 218			
2.16	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,911.33          \$15,150.00
2.17	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,187.91          \$14,187.91
2.18	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,175.10          \$14,175.10
2.19	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,840.61          \$13,840.61



Main Document Page 65 of 218		As of the petition filing date, the claim is:	
2.20	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,797.57       \$13,797.57
2.21	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,246.32       \$15,150.00
2.22	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,495.56       \$15,150.00
2.23	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,748.38       \$14,748.38

Main Document Page 66 of 218			
2.24	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,380.00      \$10,380.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.25	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,799.54      \$12,799.54
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.26	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,036.70      \$3,036.70
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.27	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,932.41      \$9,932.41
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		

Main Document Page 67 of 218			
2.28	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,179.90      \$15,150.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.29	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,259.11      \$3,259.11
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.30	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,466.81      \$11,466.81
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.31	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,970.30      \$8,970.30
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		

Main Document Page 68 of 218			
2.32	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,523.91      \$8,523.91
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.33	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,459.90      \$9,459.90
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.34	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,245.94      \$9,245.94
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.35	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,829.23      \$9,829.23
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		

Main Document Page 69 of 218		As of the petition filing date, the claim is:	
2.36	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,811.79 \$7,811.79
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> WAGE MOTION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )			
2.37	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,418.60 \$7,418.60
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> WAGE MOTION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )			
2.38	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,126.39 \$7,126.39
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> WAGE MOTION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )			
2.39	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,008.13 \$8,008.13
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> WAGE MOTION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )			

Main Document Page 70 of 218			
2.40	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,833.08 \$6,833.08
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.41	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,484.91 \$7,484.91
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.42	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,274.77 \$7,274.77
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.43	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,694.48 \$7,694.48
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		

Main Document Page 71 of 218		As of the petition filing date, the claim is:	
2.44	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,341.74       \$7,341.74
2.45	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,812.57       \$8,812.57
2.46	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,913.16       \$8,913.16
2.47	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,139.28       \$6,139.28

Case No.	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Amount	Amount
2.48	NAME REDACTED ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: WAGE MOTION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,631.55	\$7,631.55
2.49	NAME REDACTED ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: WAGE MOTION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,672.79	\$5,672.79
2.50	NAME REDACTED ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: WAGE MOTION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,224.94	\$9,224.94
2.51	NAME REDACTED ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: WAGE MOTION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,145.05	\$6,145.05



Main Document Page 73 of 218			
2.52	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,732.90 \$3,732.90
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.53	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,297.45 \$8,297.45
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.54	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,096.84 \$3,096.84
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		
2.55	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,335.07 \$5,335.07
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )		

Main Document Page 74 of 218		As of the petition filing date, the claim is:	
2.56	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,698.96       \$4,698.96
2.57	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,625.65       \$8,625.65
2.58	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,695.02       \$4,695.02
2.59	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,893.47       \$4,893.47

Case No.	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Amount	Amount
2.60	NAME REDACTED ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,746.08	\$4,746.08
2.61	NAME REDACTED ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,720.70	\$4,720.70
2.62	NAME REDACTED ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,819.76	\$4,819.76
2.63	NAME REDACTED ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,182.76	\$3,182.76

2.64	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,800.70	\$4,800.70
	NAME REDACTED ADDRESS REDACTED	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim: WAGE MOTION		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )			
2.65	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,385.27	\$4,385.27
	NAME REDACTED ADDRESS REDACTED	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim: WAGE MOTION		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )			
2.66	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,937.68	\$4,937.68
	NAME REDACTED ADDRESS REDACTED	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim: WAGE MOTION		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )			
2.67	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,438.01	\$4,438.01
	NAME REDACTED ADDRESS REDACTED	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim: WAGE MOTION		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )			

Case No.	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Amount	Amount
2.68	NAME REDACTED ADDRESS REDACTED	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,958.98	\$3,958.98
	Date or dates debt was incurred	Basis for the claim: WAGE MOTION		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )			
2.69	NAME REDACTED ADDRESS REDACTED	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,397.76	\$4,397.76
	Date or dates debt was incurred	Basis for the claim: WAGE MOTION		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )			
2.70	NAME REDACTED ADDRESS REDACTED	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,754.66	\$3,754.66
	Date or dates debt was incurred	Basis for the claim: WAGE MOTION		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )			
2.71	NAME REDACTED ADDRESS REDACTED	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,078.75	\$4,078.75
	Date or dates debt was incurred	Basis for the claim: WAGE MOTION		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )			

Case No.	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Amount	Unsecured Claim Amount
2.72	NAME REDACTED ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: WAGE MOTION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,695.56	\$3,695.56
2.73	NAME REDACTED ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: WAGE MOTION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,795.02	\$3,795.02
2.74	NAME REDACTED ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: WAGE MOTION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,551.60	\$3,551.60
2.75	NAME REDACTED ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 and 5 )	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: WAGE MOTION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$917.10	\$917.10

Main Document Page 79 of 218		As of the petition filing date, the claim is:		
2.76	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,101.82	\$3,101.82
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )			
2.77	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,196.46	\$3,196.46
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )			
2.78	<b>Priority creditor's name and mailing address</b> NAME REDACTED ADDRESS REDACTED	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$217.33	\$217.33
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 and 5 )			

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> AGENCY FOR HEALTH CARE ADMINISTRATION ATTN: ANA ARISTIZABAL 2727 MAHAN DR TALLAHASSEE, FL 32308  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$0.00</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> AGENCY FOR HEALTH CARE ADMINISTRATION ATTN: ANA ARISTIZABAL 2727 MAHAN DR TALLAHASSEE, FL 32308  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$0.00</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE REBATE CONTACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> AGENCY FOR HEALTH CARE ADMINISTRATION ATTN: JESSEKA FORBES 2727 MAHAN DR TALLAHASSEE, FL 32308  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$0.00</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> AGENCY FOR HEALTH CARE ADMINISTRATION ATTN: JESSEKA FORBES 2727 MAHAN DR MS 20 TALLAHASSEE, FL 32308  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$0.00</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



3.5

## Nonpriority creditor's name and mailing address

AGENCY FOR HEALTH CARE ADMINISTRATION  
C/O GAINWELL  
ATTN: JENNIFER BOYD  
477 VIKING DR, STE 310  
VIRGINIA BEACH, VA 23452

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.6

## Nonpriority creditor's name and mailing address

ALABAMA MEDICAID AGENCY  
C/O HPE  
ATTN: HEATHER VEGA  
301 TECHNACENTER DR  
MONTGOMERY, AL 36117

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.7

## Nonpriority creditor's name and mailing address

ALABAMA MEDICAID AGENCY  
C/O HPE  
ATTN: HEATHER VEGA  
301 TECHNACENTER DR  
MONTGOMERY, AL 36117

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.8

## Nonpriority creditor's name and mailing address

ALABAMA MEDICAID AGENCY  
C/O HPE  
ATTN: HEATHER VEGA  
301 TECHNACENTER DR  
MONTGOMERY, AL 36117

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.9

## Nonpriority creditor's name and mailing address

ALABAMA MEDICAID AGENCY  
ATTN: KELLI LITTLEJOHN NEWMAN  
501 DEXTER AVE  
P.O. BOX 5623  
MONTGOMERY, AL 36103

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.10

## Nonpriority creditor's name and mailing address

ALABAMA MEDICAID AGENCY  
ATTN: HEATHER VEGA  
301 TECHNACENTER DR  
MONTGOMERY, AL 36117

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.11

## Nonpriority creditor's name and mailing address

ALASKA DIVISION OF HEALTH CARE SERVICES  
ATTN: CHARLES SEMLING  
4601 BUSINESS PARK BLVD, BLDG K  
ANCHORAGE, AK 99503

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.12

## Nonpriority creditor's name and mailing address

ALASKA DIVISION OF HEALTH CARE SERVICES  
ATTN: CHARLES SEMLING  
4601 BUSINESS PARK BLVD, BLDG K  
ANCHORAGE, AK 99503

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.13

## Nonpriority creditor's name and mailing address

ALASKA DIVISION OF HEALTH CARE SERVICES  
ATTN: MATTHEW PARROTT  
4601 BUSINESS PARK BLVD BLDG K  
ANCHORAGE, AK 99503

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.14

## Nonpriority creditor's name and mailing address

ALASKA DIVISION OF HEALTH CARE SERVICES  
C/O MAGELLAN RX  
ATTN: JENNIFER EGBERT  
11013 BROAD ST  
GLEN ALLEN, VA 23060

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.15

## Nonpriority creditor's name and mailing address

ALASKA DIVISION OF HEALTH CARE SERVICES  
C/O MAGELLAN RX  
ATTN: MARTIN VINCENT  
11013 W BROAD ST  
GLEN ALLEN, VA 23116

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.16

## Nonpriority creditor's name and mailing address

ALMAC CLINICAL SERVICES  
25 FRETZ RD  
SOUDERTON, PA 18964

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$3,175.58

Main Document As of the petition filing date, the claim is:		Page 84 of 218
<b>3.17</b> <b>Nonpriority creditor's name and mailing address</b> AMEX 200 VESEY ST NEW YORK, NY 10285  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WAGE MOTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,152.61
<b>3.18</b> <b>Nonpriority creditor's name and mailing address</b> ANDERSEN TAX 100 1ST ST SAN FRANCISCO, CA 94105  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
<b>3.19</b> <b>Nonpriority creditor's name and mailing address</b> ANDERSONBRECON INC DBA PCI PHARMA SVCS C/O MILLER NASH LLP ATTN: JOHN R KNAPP, JR 605 5TH AVE S, STE 900 SEATTLE, WA 98104  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
<b>3.20</b> <b>Nonpriority creditor's name and mailing address</b> ARIZONA - AHCCCS ATTN: JENNIFER MCCRAY 11013 W BROAD ST, STE 500 GLEN ALLEN, VA 23060  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE REBATE CONTACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

3.21

## Nonpriority creditor's name and mailing address

ARIZONA - AHCCCS  
ATTN: MARTIN VINCENT  
11013 W BROAD ST, STE 500  
GLEN ALLEN, VA 23060

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.22

## Nonpriority creditor's name and mailing address

ARIZONA - AHCCCS  
ATTN: SUZANNE BERMAN  
801 E JEFFERSON  
PHOENIX, AZ 85052

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.23

## Nonpriority creditor's name and mailing address

ARIZONA - AHCCCS  
C/O AZ HEALTH CARE COST CONTAINMENT SYSTEM  
ATTN: MARK RUTTER  
801 E JEFFERSON  
MD4200  
PHOENIX, AZ 85052

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.24

## Nonpriority creditor's name and mailing address

ARIZONA - AHCCCS

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	<b>ARKANSAS DMS PHARMACY PROGRAM</b> <b>C/O MAGELLAN RX MANAGEMENT</b> <b>ATTN: DAVID PINKSTON</b> <b>11013 W BROAD ST, STE 500</b> <b>GLEN ALLEN, VA 23060</b>	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE REBATE CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>ARKANSAS DMS PHARMACY PROGRAM</b> <b>C/O ARKANSAS DEPT OF HUMAN SERVICES</b> <b>ATTN: CYNTHIA NEUHOFEL</b> <b>700 MAIN ST, SLOT S415</b> <b>LITTLE ROCK, AR 72201</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>ARKANSAS DMS PHARMACY PROGRAM</b> <b>C/O ARKANSAS DHS DMS</b> <b>ATTN: CYNTHIA NEUHOFEL</b> <b>700 MAIN ST, SLOT S415</b> <b>LITTLE ROCK, AR 72201</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>ARKANSAS DMS PHARMACY PROGRAM</b> <b>C/O ARKANSAS DHS DMS</b> <b>ATTN: CYNTHIA NEUHOFEL</b> <b>700 MAIN ST, SLOT S415</b> <b>LITTLE ROCK, AR 72201</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.29

## Nonpriority creditor's name and mailing address

ARKANSAS DMS PHARMACY PROGRAM  
ATTN: CINNAMON PEARSON  
700 MAIN ST, SLOT S415  
LITTLE ROCK, AR 72201

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.30

## Nonpriority creditor's name and mailing address

ASCENT HEALTH SERVICES LLC  
1 EXPRESS WAY  
ST LOUIS, MO 63121

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$395,536.90

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.31

## Nonpriority creditor's name and mailing address

ASPN PHARMACIES, LLC  
200 PARK AVE, STE 300  
FLORHAM PARK, NJ 07932

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$497,392.59

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.32

## Nonpriority creditor's name and mailing address

BAKER TILLY US, LLP  
8626 N HIMES AVE  
TAMPA, FL 33614

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$1,086.45

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.33

## Nonpriority creditor's name and mailing address

BEANWORKS SOLUTIONS  
1159 HAMILTON ST  
VANCOUVER, BC V6B 5P6  
CANADA

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$8,400.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.34

## Nonpriority creditor's name and mailing address

BMR-201 ELLIOTT AVENUE LLC  
RE: BIOMED REALTY  
17190 BERNARDO CENTER DR  
SAN DIEGO, CA 92128

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$5,542.42

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.35

## Nonpriority creditor's name and mailing address

CA DEPT OF HEALTH SERVICES  
ATTN: BASSANT KHALIL  
1501 CAPITOL AVE  
SACRAMENTO, CA 95814

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.36

## Nonpriority creditor's name and mailing address

CA DEPT OF HEALTH SERVICES  
ATTN: IVANA THOMPSON  
1501 CAPITOL AVE, MS 4604  
SACRAMENTO, CA 95814

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes



3.37

## Nonpriority creditor's name and mailing address

CA DEPT OF HEALTH SERVICES  
C/O CA-MMIS  
ATTN: SHELLEY SILVA  
830 STILL WATER RD  
MS 4712  
W SACRAMENTO, CA 95605

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.38

## Nonpriority creditor's name and mailing address

CA DEPT OF HEALTH SERVICES  
ATTN: SHELLEY SILVA  
830 STILL WATER RD  
MS 4712  
W SACRAMENTO, CA 95605

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.39

## Nonpriority creditor's name and mailing address

CA DEPT OF HEALTH SERVICES  
ATTN: LINH LE  
1501 CAPITOL AVE  
MS 4604  
SACRAMENTO, CA 95814

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.40

## Nonpriority creditor's name and mailing address

CARDINAL HEALTH  
7000 CARDINAL PL  
DUBLIN, OH 43017

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

CUSTOMER PROGRAMS

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$49,202.79

3.41

## Nonpriority creditor's name and mailing address

CAREMARK LLC  
1 CVS DR  
WOONSOCKET, RI 02895

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$4,692.62

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.42

## Nonpriority creditor's name and mailing address

CAREPOINT HEALTHCARE LLC  
9 COMMERCE DR  
SCHAUMBURG, IL 60173

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$45,043.05

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.43

## Nonpriority creditor's name and mailing address

CCG CORPORATE MAILINGS, INC  
14 HENDERSON DR  
W CALDWELL, NJ 07006

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$54,452.67

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.44

## Nonpriority creditor's name and mailing address

CDW  
200 N MILWAUKEE AVE  
VERNON HILLS, IL 60061

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$613.43

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.45

**Nonpriority creditor's name and mailing address**

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)  
 CENTER FOR MEDICARE  
 DIVISION OF PART D POLICY  
 MAILSTOP C1-26-16  
 7500 SECURITY BLVD  
 BALTIMORE, MD 21244-1850

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:****Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.46

**Nonpriority creditor's name and mailing address**

CFI WORKSPACE  
 7001 N PARK DR  
 PENNSAUKEN, NJ 08109

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$31,290.56

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE PAYABLE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.47

**Nonpriority creditor's name and mailing address**

CITELINE  
 CAERUS US 1 INC  
 1 PENN PLZ, STE 2505  
 NEW YORK, NY 10119

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$56,921.70

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE PAYABLE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.48

**Nonpriority creditor's name and mailing address**

CLEANEARTH  
 29338 NETWORK PL  
 CHICAGO, IL 60673

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$2,472.74

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE PAYABLE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Case Number	Debtor Name	Amount
3.49	<b>Nonpriority creditor's name and mailing address</b> CLINIGEN CSM, INC 342 42ND ST S FARGO, ND 58103	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	<b>Nonpriority creditor's name and mailing address</b> CLOSE CONSULTING 9899 ZIG ZAG RD CINCINNATI, OH 45242	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	<b>Nonpriority creditor's name and mailing address</b> CMTJ & ASSOCIATES ATTN: CLAUDIA MCGOLDRICK 117 SPUR LN W CHESTER, PA 19382	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	<b>Nonpriority creditor's name and mailing address</b> COBBLESTONE SYSTEMS CORP 428 S WHITE HORSE PIKE LINDENWOOD, NJ 08021	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

3.53

**Nonpriority creditor's name and mailing address**

COLORADO HEALTH CARE POLICY & FINANCING  
ATTN: JEFF TAYLOR  
1570 GRANT ST  
DENVER, CO 80203

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.54

**Nonpriority creditor's name and mailing address**

COLORADO HEALTH CARE POLICY & FINANCING  
ATTN: THOMAS LEAHEY  
1570 GRANT ST  
DENVER, CO 80203-1714

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.55

**Nonpriority creditor's name and mailing address**

COLORADO HEALTH CARE POLICY & FINANCING  
ATTN: TOM LEAHEY  
1570 GRANT ST  
DENVER, CO 80203-1714

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.56

**Nonpriority creditor's name and mailing address**

COLORADO HEALTH CARE POLICY & FINANCING  
C/O MAGELLAN HEALTH  
ATTN: BOB ROCHO  
11013 W BROAD ST  
GLEN ALLEN, VA 23060

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.57

**Nonpriority creditor's name and mailing address**

COLORADO HEALTH CARE POLICY & FINANCING  
C/O MAGELLANRX  
ATTN: MARTIN VINCENT  
11013 W BROAD ST  
GLEN ALLEN, VA 23060

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.58

**Nonpriority creditor's name and mailing address**

CONNECTICUT DEPT OF SOCIAL SERVICES  
C/O GAINWELL TECHNOLOGIES  
ATTN: PATRICIA BARTOLOTTA  
55 HARTLAND ST  
E HARTFORD, CT 06108

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.59

**Nonpriority creditor's name and mailing address**

CONNECTICUT DEPT OF SOCIAL SERVICES  
C/O GAINWELL TECHNOLOGIES-C  
ATTN: JOE MORASUTTI  
55 HARTLAND ST  
E HARTFORD, CT 06108

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.60

**Nonpriority creditor's name and mailing address**

CONNECTICUT DEPT OF SOCIAL SERVICES  
C/O CT DEPT OF SOCIAL SERVICES  
ATTN: JASON GOTT  
55 FARMINGTON AVE  
HARTFORD, CT 06105

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.61

**Nonpriority creditor's name and mailing address**

CONNECTICUT DEPT OF SOCIAL SERVICES  
C/O CT DEPT OF SOCIAL SERVICES  
ATTN: JASON GOTT  
55 FARMINGTON AVE  
HARTFORD, CT 06105

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.62

**Nonpriority creditor's name and mailing address**

CONNECTICUT DEPT OF SOCIAL SERVICES  
ATTN: JASON GOTT  
55 FARMINGTON AVE  
HARTFORD, CT 06105

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.63

**Nonpriority creditor's name and mailing address**

CONNOR GROUP  
60 E 42ND ST, STE 920  
NEW YORK, NY 10165

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$9,691.50

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.64

**Nonpriority creditor's name and mailing address**

CPA GLOBAL  
2318 MILL RD, 12TH FL  
ALEXANDRIA, VA 22314

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$22,411.74

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.65	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,913.00
	DEERFIELD AGENCY, LLC 555 E NORTH LN, BLDG D, STE 5020, W LOBBY CONSHOHOCKEN, PA 19428	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> TRADE PAYABLE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.66	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	DELAWARE DIV OF MEDICAID C/O DELAWARE HEALTH & SOCIAL SERVICES ATTN: BRIAN MABIE P.O. BOX 906 NEW CASTLE, DE 19720	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.67	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	DELAWARE DIV OF MEDICAID C/O DMMA ATTN: BRIAN MABIE 1901 N DUPONT HWY, LEWIS BLDG NEW CASTLE, DE 19720	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.68	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	DELAWARE DIV OF MEDICAID C/O DMMA ATTN: BRIAN MABIE 1901 N DUPONT HWY, LEWIS BLDG NEW CASTLE, DE 19720	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



3.69

## Nonpriority creditor's name and mailing address

DELAWARE DIV OF MEDICAID  
C/O DMMA  
ATTN: BRIAN MABIE  
1901 N DUPONT HWY, LEWIS BLDG  
NEW CASTLE, DE 19720

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.70

## Nonpriority creditor's name and mailing address

DELAWARE DIV OF MEDICAID  
C/O DMMA  
ATTN: UNKYONG GOLDIE  
1901 N DUPONT HWY, LEWIS BLDG  
NEW CASTLE, DE 19720

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.71

## Nonpriority creditor's name and mailing address

DIGITAL MEDIA (INTRADO)  
770 N HALSTED ST, STE 500  
CHICAGO, IL 60642

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$3,282.98

3.72

## Nonpriority creditor's name and mailing address

DISTRICT OF COLUMBIA  
ATTN: CHARLENE FAIRFAX  
441 4TH ST NW, STE 900 S  
WASHINGTON, DC 20001

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.73

## Nonpriority creditor's name and mailing address

DISTRICT OF COLUMBIA  
ATTN: CHARLENE FAIRFAX  
441 4TH ST NW, STE 900 S  
WASHINGTON, DC 20001

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.74

## Nonpriority creditor's name and mailing address

DISTRICT OF COLUMBIA  
C/O CONDUENT  
ATTN: ALICE WEISS JD  
441-4TH ST NW 9TH FL  
WASHINGTON, DC 20001

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.75

## Nonpriority creditor's name and mailing address

DISTRICT OF COLUMBIA  
C/O CONDUENT  
ATTN: ANTOINE NELSON  
12365 A RIATA TRACE PKWY, STE 100  
AUSTIN, TX 78727

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.76

## Nonpriority creditor's name and mailing address

DISTRICT OF COLUMBIA  
C/O CONDUENT  
ATTN: DARRIN SHAFFER  
441-4TH ST NW, STE 900 S  
WASHINGTON, DC 20001

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.77

**Nonpriority creditor's name and mailing address**

DIVIDEND GROUP LLC  
330 N BRAND BLVD, STE 700  
GLENDALE, CA 91203

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$3,472.53

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.78

**Nonpriority creditor's name and mailing address**

DONNELLEY FINANCIAL SOLUTIONS  
35 W WACKER DR  
CHICAGO, IL 60601

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$40,650.88

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.79

**Nonpriority creditor's name and mailing address**

EMERALD SEARCH PARTNERS  
600 UNIVERSITY ST  
SEATTLE, WA 98101

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$3,879.07

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

WAGE MOTION

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.80

**Nonpriority creditor's name and mailing address**

EPL ARCHIVES  
45610 TERMINAL DR  
STERLING, VA 20166

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$1,250.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.81	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	
	EQUINITY TRUST CO 6201 15TH AVE BROOKLYN, NY 11219	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,650.89
	Date or dates debt was incurred	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.82	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$22,358.17
	EXPRESS SCRIPTS INC 1 EXPRESS WAY ST LOUIS, MO 63121	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.83	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4.97
	FEDEX 942 S SHADY GROVE RD MEMPHIS, TN 38120	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.84	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,240.90
	FISHER & PHILLIPS LLP 2 LOGAN SQ 100 N 18TH ST, 12TH FL PHILADELPHIA, PA 19103	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.85

## Nonpriority creditor's name and mailing address

FRONTIERS MEDIA SA  
AVENUE DU TRIBUNAL-FEDERAL 34  
LAUSANNE, 1005  
SWITZERLAND

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$3,295.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.86

## Nonpriority creditor's name and mailing address

FUTURE MEDICINE  
UNITEC HOUSE  
2 ALBERT PL  
LONDON, N3 1QB  
UNITED KINGDOM

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$500.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.87

## Nonpriority creditor's name and mailing address

GEORGIA DEPT OF COMMUNITY HEALTH  
ATTN: GILLETTA GRAY  
2 PEACHTREE ST  
ATLANTA, GA 30303

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.88

## Nonpriority creditor's name and mailing address

GEORGIA DEPT OF COMMUNITY HEALTH  
C/O MAGELLAN HEALTH  
ATTN: JENNIFER MCCRAY  
11013 W BROAD ST, STE 500  
GLEN ALLEN, VA 23060

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.89	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	GEORGIA DEPT OF COMMUNITY HEALTH ATTN: PETER D'ALBA 2 MARTIN LUTHER KING JR DR SE E TOWER: 1952H ATLANTA, GA 30304	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.90	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	GEORGIA DEPT OF COMMUNITY HEALTH ATTN: PETER D'ALBA 2 MARTIN LUTHER KING JR DR SE E TOWER: 1952H ATLANTA, GA 30334	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.91	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	GEORGIA DEPT OF COMMUNITY HEALTH C/O MAGELLAN RX MANAGEMENT ATTN: MARTIN VINCENT 11013 W BROAD ST, STE 500 GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.92	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$292,661.03
	GOOD APPLE P.O. BOX 1695 LAKEVILLE, CT 06039	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.93	<b>Nonpriority creditor's name and mailing address</b> GREATLAND 2480 WALKER AVE GRAND RAPIDS, MI 49544	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Date or dates debt was incurred</b>		
<b>Last 4 digits of account number</b>		
3.94	<b>Nonpriority creditor's name and mailing address</b> HEALTHCARE ALLIANCE GROUP 101 LAUREL RD, STE 100 VOORHEES, NJ 08043	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Date or dates debt was incurred</b>		
<b>Last 4 digits of account number</b>		
3.95	<b>Nonpriority creditor's name and mailing address</b> IDAHO HEALTH & WELFARE ATTN: TAMARA EIDE 3232 ELDER ST BOISE, ID 83705	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Date or dates debt was incurred</b>		
<b>Last 4 digits of account number</b>		
3.96	<b>Nonpriority creditor's name and mailing address</b> IDAHO HEALTH & WELFARE C/O MAGELLAN HEALTH ATTN: JENNIFER MCCRAY 1103 W BROAD ST, STE 500 GLEN ALLEN, VA 23060	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Date or dates debt was incurred</b>		
<b>Last 4 digits of account number</b>		

3.97

## Nonpriority creditor's name and mailing address

IDAHO HEALTH & WELFARE  
C/O STATE OF IDAHO DEPT HEALTH & WEL  
ATTN: TAMARA EIDE  
450 W STATE ST  
BOISE, ID 83704

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.98

## Nonpriority creditor's name and mailing address

IDAHO HEALTH & WELFARE  
C/O STATE OF IDAHO DEPT HEALTH & WELFARE  
ATTN: TAMARA EIDE  
450 W STATE ST  
BOISE, ID 83702

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.99

## Nonpriority creditor's name and mailing address

IDAHO HEALTH & WELFARE  
C/O STATE OF IDAHO DEPT HEALTH & WELFARE  
ATTN: TAMI EIDE  
450 W STATE ST  
BOISE, ID 83702

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.100

## Nonpriority creditor's name and mailing address

IL DEPT OF HEALTHCARE & FAMILY SERVICES  
ATTN: TYLER WHITE  
201 S GRAND AVE E, 2ND FL  
SPRINGFIELD, IL 62763-0002

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes



3.101	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	IL DEPT OF HEALTHCARE & FAMILY SERVICES ATTN: TYLER WHITE 201 S GRAND AVE E, 2ND FL SPRINGFIELD, IL 62763-0002	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.102	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	IL DEPT OF HEALTHCARE & FAMILY SERVICES ATTN: TYLER WHITE 201 S GRAND AVE E, 2ND FL SPRINGFIELD, IL 62763-0002	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE REBATE CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.103	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	IL DEPT OF HEALTHCARE & FAMILY SERVICES ATTN: TYLER WHITE 201 S GRAND AVE E, 2ND FL SPRINGFIELD, IL 62763-0002	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.104	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	IL DEPT OF HEALTHCARE & FAMILY SERVICES ATTN: CHRISTINA PETRYKIW 833 S WOOD ST CHICAGO, IL 60612	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.105	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$17,684.01
	<b>IMPRINT SCIENCE</b> 3 COLUMBUS CIR, 7TH FL NEW YORK, NY 10019	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> TRADE PAYABLE	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.106	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	<b>INDIANA FAMILY &amp; SOCIAL SERVICE ADMIN</b> ATTN: LESLIE LUGO 402 W WASHINGTON ST, RM W374 INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.107	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	<b>INDIANA FAMILY &amp; SOCIAL SERVICE ADMIN</b> ATTN: MARC SHIRLEY 402 W WASHINGTON ST, RM W374 INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.108	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	<b>INDIANA FAMILY &amp; SOCIAL SERVICE ADMIN</b> C/O OPTUMRX ATTN: LESLIE LUGO 402 W WASHINGTON ST, RM W374 INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.109

## Nonpriority creditor's name and mailing address

INDIANA FAMILY & SOCIAL SERVICE ADMIN  
C/O OPTUMRX  
ATTN: MARTHA BLAIR  
150 W MARKET ST, STE 300  
INDIANAPOLIS, IN 46204

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.110

## Nonpriority creditor's name and mailing address

INDIANA FAMILY & SOCIAL SERVICE ADMIN  
C/O OPTUMRX  
ATTN: STEVE SMITH  
1200 ALTMORE AVE  
ALTMORE TWO, STE 600  
SANDY SPRINGS, GA 30342

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.111

## Nonpriority creditor's name and mailing address

INSIGHTSOFTWARE  
8529 SIX FORKS RD, STE 300  
RALEIGH, NC 27615

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$13,195.42

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.112

## Nonpriority creditor's name and mailing address

INTEGRICHAIN  
8 PENN CTR  
1628 JFK BLVD, STE 300  
PHILADELPHIA, PA 19103

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$26,742.78

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

CUSTOMER PROGRAMS

Is the claim subject to offset?

- ☐ No  
☒ Yes

3.113 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$0.00**

IOWA DEPARTMENT OF HUMAN SERVICES  
ATTN: PAMELA SMITH  
1305 E WALNUT ST  
DES MOINES, IA 50319

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.114 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$0.00**

IOWA DEPARTMENT OF HUMAN SERVICES  
C/O IOWA MEDICAID  
ATTN: ABBY CATE  
1305 E WALNUT ST  
DES MOINES, IA 50319

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.115 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$0.00**

IOWA DEPARTMENT OF HUMAN SERVICES  
C/O IOWA MEDICAID  
ATTN: ABBY CATE  
1305 E WALNUT ST  
DES MOINES, IA 50319

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.116 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$0.00**

IOWA DEPARTMENT OF HUMAN SERVICES  
C/O CHANGE HEALTHCARE  
ATTN: SHERRI COKE  
6906 IRIS CT  
BAYTOWN, TX 77521

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.117	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	IOWA DEPARTMENT OF HUMAN SERVICES C/O CHANGE HEALTHCARE ATTN: SHARI MARTIN 45 COMMERCE DR, STE 5 AUGUSTA, ME 04332	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE REBATE CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.118	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$780.00
	JENNASON LLC 18450 RUTLEDGE RD WAYZATA, MN 55391	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.119	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$26,000.00
	JUICE PHARMA WORLDWIDE 132 W 31ST ST NEW YORK, NY 10001	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.120	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$134.00
	KBF CPAS LLP 400 SPECTRUM CENTER DR IRVINE, CA 92618	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.121 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$0.00

KENTUCKY DEPT FOR MEDICAID SERVICES  
ATTN: FATIMA ALI  
275 E MAIN ST  
FRANKFORT, KY 40601

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.122 Nonpriority creditor's name and mailing address

KENTUCKY DEPT FOR MEDICAID SERVICES  
ATTN: FATIMA ALI  
275 E MAIN ST  
FRANKFORT, KY 40601

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.123 Nonpriority creditor's name and mailing address

KENTUCKY DEPT FOR MEDICAID SERVICES  
ATTN: FATIMA ALI  
275 E MAIN ST  
FRANKFORT, KY 40601

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.124 Nonpriority creditor's name and mailing address

KENTUCKY DEPT FOR MEDICAID SERVICES  
C/O MAGELLAN HEALTH  
ATTN: SUSAN IRBY  
11013 W BROAD ST  
GLEN ALLEN, VA 23116

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.125 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Page 111 of 218

\$0.00

KENTUCKY DEPT FOR MEDICAID SERVICES  
C/O MAGELLAN HEALTH  
ATTN: TAMMY A SLINKER  
11013 W BROAD ST  
GLEN ALLEN, VA 23060

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.126 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

KS DEPT OF HEALTH & ENVIRO, DHCF  
C/O GAINWELL TECHNOLOGIES  
ATTN: CINDY HEMMINGER  
6511 SE FORBES AVE  
TOPEKA, KS 66619

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.127 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

KS DEPT OF HEALTH & ENVIRO, DHCF  
C/O GAINWELL TECHNOLOGIES  
ATTN: CINDY HEMMINGER  
6511 SE FORBES AVE  
TOPEKA, KS 66619

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.128 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

KS DEPT OF HEALTH & ENVIRO, DHCF  
ATTN: VICTOR NGUYEN  
900 SW JACKSON ST, STE 900-N  
TOPEKA, KS 66612

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.129	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	KS DEPT OF HEALTH & ENVIRO, DHCF ATTN: VICTOR NGUYEN 900 SW JACKSON ST, STE 900-N TOPEKA, KS 66612	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.130	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	KS DEPT OF HEALTH & ENVIRO, DHCF ATTN: VICTOR NGUYEN 900 SW JACKSON ST, STE 900-N TOPEKA, KS 66612	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.131	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$395.00
	LIFE SCIENCE LEGAL LLC 750 17TH ST NW WASHINGTON, DC 20006	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.132	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,222.71
	LIFE STORAGE LP 6467 MAIN ST WILLIAMSVILLE, NY 14221	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



3.133	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	LOUISIANA DEPARTMENT OF HEALTH ATTN: SUE FONTENOT 628 N 4TH ST BATON ROUGE, LA 70821-9030	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.134	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	LOUISIANA DEPARTMENT OF HEALTH ATTN: RACHEL BROUSSARD 628 NORTH 4TH ST BATON ROUGE, LA 70802	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.135	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	LOUISIANA DEPARTMENT OF HEALTH ATTN: MELWYN WENDT 628 NORTH 4TH ST BATON ROUGE, LA 70802	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.136	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	LOUISIANA DEPARTMENT OF HEALTH C/O GAINWELL TECHNOLOGIES ATTN: JONETTE VALEGA 8591 UNITED PLAZA BLVD BATON ROUGE, LA 70809	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.137 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

LOUISIANA DEPARTMENT OF HEALTH  
C/O MAGELLANRX  
ATTN: JENNIFER EGBERT  
11013 W BROAD ST  
GLEN ALLEN, VA 23060

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.138 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$545.35**

LUMEN  
100 CENTURYLINK DR  
MONROE, LA 71203

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE PAYABLE

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.139 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

MAINE DHHS  
ATTN: JAN WRIGHT  
STATE HOUSE STATION, STE 11  
109 CAPITOL ST  
AUGUSTA, ME 04333-0011

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.140 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

MAINE DHHS  
ATTN: ANNE-MARIE TODERICO  
109 CAPITOL ST  
STATE HOUSE STATION 11  
AUGUSTA, ME 04333-0011

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.141	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	<b>MAINE DHHS</b> <b>C/O DHHS OFFICE OF MAINECARE SERVICES</b> <b>ATTN: ANNE-MARIE TODERICO, PHARM D</b> <b>STATE HOUSE STATION, STE 11</b> <b>109 CAPITOL ST</b> <b>AUGUSTA, ME 04333-0011</b>	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.142	<b>Nonpriority creditor's name and mailing address</b>  <b>MAINE DHHS</b> <b>C/O DHHS OFFICE OF MAINECARE SERVICES</b> <b>ATTN: JAN WRIGHT</b> <b>STATE HOUSE STATION, STE 11</b> <b>109 CAPITOL ST</b> <b>AUGUSTA, ME 04333-0011</b>	<b>As of the petition filing date, the claim is:</b>  <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.143	<b>Nonpriority creditor's name and mailing address</b>  <b>MAINE DHHS</b> <b>C/O DHHS OFFICE OF MAINECARE SERVICES</b> <b>ATTN: JAN WRIGHT</b> <b>STATE HOUSE STATION, STE 11</b> <b>109 CAPITOL ST</b> <b>AUGUSTA, ME 04333-0011</b>	<b>As of the petition filing date, the claim is:</b>  <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.144	<b>Nonpriority creditor's name and mailing address</b>  <b>MAINEHEALTH</b> <b>1 DANA CT</b> <b>WESTBOOK, ME 04092</b>	<b>As of the petition filing date, the claim is:</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$14,357.00</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> TRADE PAYABLE	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.145	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$10,074.81
	<b>MARKETO</b> 901 MARINERS ISLAND BLVD, STE 500 SAN MATEO, CA 94404	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> TRADE PAYABLE	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.146	<b>Nonpriority creditor's name and mailing address</b> <b>MARYLAND DEPARTMENT OF HEALTH (MDH)</b> ATTN: ATHOS ALEXANDROU 300 W PRESTON ST, 4TH FL BALTIMORE, MD 21201	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.147	<b>Nonpriority creditor's name and mailing address</b> <b>MARYLAND DEPARTMENT OF HEALTH (MDH)</b> ATTN: DORINE RASCOE 201 W PRESTON ST, 2ND FL BALTIMORE, MD 21201	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.148	<b>Nonpriority creditor's name and mailing address</b> <b>MARYLAND DEPARTMENT OF HEALTH (MDH)</b> ATTN: DORINE RASCOE 201 W PRESTON ST, 2ND FL BALTIMORE, MD 21201	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE REBATE CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.149	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	MARYLAND DEPARTMENT OF HEALTH (MDH) ATTN: DORINE RASCOE 201 W PRESTON ST, 2ND FL BALTIMORE, MD 21201	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.150	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	MARYLAND DEPARTMENT OF HEALTH (MDH) ATTN: MANGESH Y JOGLEKAR 300 W PRESTON ST BALTIMORE, MD 21201	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.151	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	MASSHEALTH ATTN: KIMBERLY LENZ 100 HANCOCK ST, 7TH FL QUINCY, MA 02171	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.152	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	MASSHEALTH ATTN: RYAN BETTENCOURT 100 HANCOCK ST QUINCY, MA 02171	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.153	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	<b>MASSHEALTH</b> <b>ATTN: RYAN BETTENCOURT</b> <b>100 HANCOCK ST</b> <b>QUINCY, MA 02171</b>	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE REBATE CONTACT	
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.154	<b>Nonpriority creditor's name and mailing address</b> <b>MASSHEALTH</b> <b>ATTN: RYAN BETTENCOURT</b> <b>100 HANCOCK ST, 6TH FL</b> <b>QUINCY, MA 02171</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	\$0.00
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.155	<b>Nonpriority creditor's name and mailing address</b> <b>MASSHEALTH</b> <b>C/O CONDUENT</b> <b>ATTN: JOSEL FERNANDES</b> <b>111 DEVONSHIRE ST, 8TH FL</b> <b>BOSTON, MA 02109</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT	\$0.00
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.156	<b>Nonpriority creditor's name and mailing address</b> <b>MED COMMUNICATIONS, INC</b> <b>5100 POPLAR AVE, STE 450</b> <b>MEMPHIS, TN 38137</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$53,276.00
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.157

**Nonpriority creditor's name and mailing address**

MICHIGAN DHHS  
ATTN: TRISH BOUCK-PHARMACY MANAGMENT  
ATTN: TRISH BOUCK  
400 S PINE ST  
CAPITOL COMMONS CENTER  
LANSING, MI 48933

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.158

**Nonpriority creditor's name and mailing address**

MICHIGAN DHHS  
ATTN: TRISH BOUCK-PHARMACY MANAGMENT  
ATTN: TRISH BOUCK  
400 S PINE ST  
LANSING, MI 48933

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.159

**Nonpriority creditor's name and mailing address**

MICHIGAN DHHS  
ATTN: MICHAEL MELVIN - PHARMACY SERVICES  
ATTN: MICHAEL MELVIN  
400 S PINE ST  
LANSING, MI 48933

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.160

**Nonpriority creditor's name and mailing address**

MICHIGAN DHHS  
ATTN: MICHAEL MELVIN - PHARMACY SERVICES  
ATTN: MICHAEL MELVIN  
400 S PINE ST  
LANSING, MI 48933

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.161	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	MICHIGAN DHHS ATTN: MICHAEL MELVIN - PHARMACY SERVICES ATTN: MICHAEL MELVIN 400 S PINE ST LANSING, MI 48933	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.162	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	MINNESOTA DEPARTMENT OF HUMAN SERVICES ATTN: MARY BETH REINKE 540 CEDAR ST ST PAUL, MN 55101	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.163	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	MINNESOTA DEPARTMENT OF HUMAN SERVICES ATTN: SHARON FEINSTEIN-ROSENBLUM 540 CEDAR ST ST PAUL, MN 55155	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.164	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	MINNESOTA DEPARTMENT OF HUMAN SERVICES ATTN: SHARON FEINSTEIN-ROSENBLUM 540 CEDAR ST ST PAUL, MN 55155	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



3.165	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	<p>MINNESOTA DEPARTMENT OF HUMAN SERVICES ATTN: SHARON FEINSTEIN-ROSENBLUM 540 CEDAR ST ST PAUL, MN 55155</p>	<p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> POTENTIAL REBATE STATE REBATE CONTACT</p>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.166	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	<p>MINNESOTA DEPARTMENT OF HUMAN SERVICES ATTN: SHARON FEINSTEIN-ROSENBLUM 540 CEDAR ST ST PAUL, MN 55155</p>	<p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT</p>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.167	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	<p>MISSISSIPPI DIVISION OF MEDICAID C/O GAINWELL TECHNOLOGIES ATTN: NICOLETTE DIONE 381 HIGHLAND COLONY PKWY, STE 100 RIDGELAND, MS 39157</p>	<p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT</p>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.168	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	<p>MISSISSIPPI DIVISION OF MEDICAID ATTN: DENNIS SMITH 550 HIGH ST JACKSON, MS 39201</p>	<p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT</p>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.169

## Nonpriority creditor's name and mailing address

MISSISSIPPI DIVISION OF MEDICAID  
C/O OFFICE OF INFORMATION TECHNOLOGY  
ATTN: DIERDRE DAVIS  
550 HIGH ST, STE 1000  
JACKSON, MS 39201

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.170

## Nonpriority creditor's name and mailing address

MISSISSIPPI DIVISION OF MEDICAID  
C/O OFFICE OF PHARMACY  
ATTN: TERRI KIRBY  
550 HIGH ST, STE 1000  
JACKSON, MS 39201

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.171

## Nonpriority creditor's name and mailing address

MISSISSIPPI DIVISION OF MEDICAID  
C/O OFFICE OF PHARMACY  
ATTN: TERRI KIRBY  
550 HIGH ST, STE 1000  
JACKSON, MS 39201

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.172

## Nonpriority creditor's name and mailing address

MISSOURI DEPARTMENT OF SOCIAL SERVICES  
ATTN: JOSHUA MOORE  
615 HOWERTON CT  
JEFFERSON CITY, MO 65109

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.173	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	MISSOURI DEPARTMENT OF SOCIAL SERVICES ATTN: KERI BALLEW 615 HOWERTON CT JEFFERSON CITY, MO 65109	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.174	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	MISSOURI DEPARTMENT OF SOCIAL SERVICES ATTN: KERI BALLEW 615 HOWERTON CT JEFFERSON CITY, MO 65109	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.175	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	MISSOURI DEPARTMENT OF SOCIAL SERVICES ATTN: KERI BALLEW 615 HOWERTON CT JEFFERSON CITY, MO 65109	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE REBATE CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.176	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	MISSOURI DEPARTMENT OF SOCIAL SERVICES ATTN: KERI BALLEW 615 HOWERTON CT JEFFERSON CITY, MO 65109	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.177 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

MT DEPT OF HEALTH & HUMAN SERVICES  
ATTN: SHANNON SEXAUER  
1400 BROADWAY, RM A206  
P.O. BOX 202951  
HELENA, MT 59620

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.178 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

MT DEPT OF HEALTH & HUMAN SERVICES  
ATTN: AMBERLINE PIERCE  
1400 BROADWAY, RM A104  
HELENA, MT 59620

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.179 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

MT DEPT OF HEALTH & HUMAN SERVICES  
C/O MT DEPARTMENT OF HEALTH & HUMAN SERVICES  
ATTN: AMBERLINE PIERCE  
1400 BROADWAY, RM A104  
HELENA, MT 59620

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.180 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

MT DEPT OF HEALTH & HUMAN SERVICES  
C/O MT DEPARTMENT OF HEALTH & HUMAN SERVICES  
ATTN: AMBERLINE PIERCE  
1400 BROADWAY, RM A104  
HELENA, MT 59620

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.181	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	MT DEPT OF HEALTH & HUMAN SERVICES C/O MT DEPARTMENT OF HEALTH & HUMAN SERVICES ATTN: DANI FEIST 1400 BROADWAY, RM A206 HELENA, MT 59620	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.182	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,500.00
	NAME REDACTED ADDRESS REDACTED	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.183	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,496.94
	NAME REDACTED ADDRESS REDACTED	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.184	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$61.29
	NAVIA BENEFIT SOLUTIONS 600 NACHES AVE SW RENTON, WA 98057	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.185 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$0.00

NC DIVISION OF HEALTH BENEFITS  
ATTN: ANGELA SMITH  
2501 MAIL SERVICE CENTER  
RALEIGH, NC 27699-2501

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.186 Nonpriority creditor's name and mailing address

NC DIVISION OF HEALTH BENEFITS  
C/O GDIT  
ATTN: RICK PADERICK  
2610 WYCLIFF RD, STE 100  
RALEIGH, NC 27607-3073

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.187 Nonpriority creditor's name and mailing address

NC DIVISION OF HEALTH BENEFITS  
C/O MAGELLAN HEALTH  
ATTN: CHENISE STEPHENS  
11013 W BROAD ST  
GLEN ALLEN, VA 23060

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.188 Nonpriority creditor's name and mailing address

NC DIVISION OF HEALTH BENEFITS  
ATTN: KRISTA KNESS  
1950 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1950

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.189 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

NC DIVISION OF HEALTH BENEFITS  
C/O NC DHHS  
ATTN: ANGELA SMITH  
2501 MAIL SERVICE CENTER  
RALEIGH, NC 27699-2501

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.190 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

NEBRASKA DEPT OF HEALTH & HUMAN SVCS  
C/O NEBRASKA DHHS  
ATTN: CARISA SCHWEITZER MASEK  
301 CENTENNIAL MALL S, 5TH FL  
P.O. BOX 925026  
LINCOLN, NE 68509-5026

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.191 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

NEBRASKA DEPT OF HEALTH & HUMAN SVCS  
ATTN: LEAH SPENCER  
301 CENTENNIAL MALL S, 5TH FL  
P.O. BOX 95026  
LINCOLN, NE 68509-5026

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.192 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

NEBRASKA DEPT OF HEALTH & HUMAN SVCS  
ATTN: JEFF ROZENDAL  
301 CENTENNIAL MALL S, 5TH FL  
P.O. BOX 95026  
LINCOLN, NE 68509-5026

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.193 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

NEBRASKA DEPT OF HEALTH & HUMAN SVCS  
ATTN: AUDRA BULLOCK  
301 CENTENNIAL MALL S, 5TH FL  
P.O. BOX 95026  
LINCOLN, NE 68509-5026

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.194 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

NEBRASKA DEPT OF HEALTH & HUMAN SVCS  
ATTN: AUDRA BULLOCK  
301 CENTENNIAL MALL S, 5TH FL  
P.O. BOX 95026  
LINCOLN, NE 68509-5026

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.195 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

NEW HAMPSHIRE MEDICAID  
ATTN: LISE FARRAND  
129 PLEASANT ST  
CONCORD, NH 03301-3857

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.196 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

NEW HAMPSHIRE MEDICAID  
ATTN: MARGARET CLIFFORD  
129 PLEASANT ST  
CONCORD, NH 03301-3852

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes



3.197 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Page 129 of 218

\$0.00

NEW HAMPSHIRE MEDICAID  
C/O MAGELLAN HEALTH  
ATTN: JENNIFER MCCRAY  
11013 W BROAD ST, STE 500  
GLEN ALLEN, VA 23060

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.198 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

NEW HAMPSHIRE MEDICAID  
C/O MAGELLAN HEALTH  
ATTN: JOHN COX  
11013 W BROAD ST, STE 500  
GLEN ALLEN, VA 23060

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.199 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

NEW HAMPSHIRE MEDICAID  
C/O OFFICE OF MEDICAID SERVICES  
ATTN: LISE FARRAND  
129 PLEASANT ST  
CONCORD, NH 03301-3857

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.200 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

NEW MEXICO HUMAN SERVICES DEPARTMENT  
C/O CONDUENT  
ATTN: KOREN BILLIE  
1720 A RANDOLPH RD SE  
ALBUQUERQUE, NM 87106

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.201

## Nonpriority creditor's name and mailing address

NEW MEXICO HUMAN SERVICES DEPARTMENT  
C/O CONDUENT  
ATTN: ANTOINE NELSON  
1720A RANDOLPH RD SE  
ALBUQUERQUE, NM 87106

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.202

## Nonpriority creditor's name and mailing address

NEW MEXICO HUMAN SERVICES DEPARTMENT  
ATTN: NICOLE COMEAUX  
1720 A RANDOLPH SE  
ALBUQUERQUE, NM 87106

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.203

## Nonpriority creditor's name and mailing address

NEW MEXICO HUMAN SERVICES DEPARTMENT  
ATTN: DIANA MOYA  
1720 A RANDOLPH SE  
ALBUQUERQUE, NM 87106

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.204

## Nonpriority creditor's name and mailing address

NEW MEXICO HUMAN SERVICES DEPARTMENT  
ATTN: JANET REESE  
1 PLAZA LA PRENSA  
SANTA FE, NM 87504-2348

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.205 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Page 131 of 218

\$0.00

NJ DEPARTMENT OF HUMAN SERVICES  
ATTN: DAVID WILLIAMS  
P.O. BOX 712  
MAIL CODE 54  
TENTON, NJ 08625

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.206 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

NJ DEPARTMENT OF HUMAN SERVICES  
ATTN: ZANKHANA DESAI  
P.O. BOX 712  
TRENTON, NJ 08625-0712

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.207 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

NJ DEPARTMENT OF HUMAN SERVICES  
C/O STATE OF NEW JERSEY DHS DMAHS  
ATTN: DAVID WILLIAMS  
P.O. BOX 712  
MAIL CODE 54  
TENTON, NJ 08625

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.208 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

NJ DEPARTMENT OF HUMAN SERVICES  
C/O STATE OF NEW JERSEY DHS DMAHS  
ATTN: DAVID WILLIAMS  
P.O. BOX 712  
MAIL CODE 54  
TENTON, NJ 08625

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.209

## Nonpriority creditor's name and mailing address

NJ DEPARTMENT OF HUMAN SERVICES  
C/O STATE OF NEW JERSEY DHS DMAHS  
ATTN: KAREN HAMMITT  
P.O. BOX 712  
MAIL CODE 54  
TENTON, NJ 08625

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.210

## Nonpriority creditor's name and mailing address

NORTH DAKOTA DEPT OF HUMAN SERVICES  
C/O DEPT OF HUMAN SERVICES  
ATTN: TERI MERCK  
FISCAL ADMIN  
600 E BOULEVARD AVE  
BISMARCK, ND 58505-0261

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.211

## Nonpriority creditor's name and mailing address

NORTH DAKOTA DEPT OF HUMAN SERVICES  
ATTN: BRENDAN JOYCE  
600 E BLVD, DEPT 325  
BISMARCK, ND 58505-0250

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.212

## Nonpriority creditor's name and mailing address

NORTH DAKOTA DEPT OF HUMAN SERVICES  
ATTN: BRENDAN JOYCE  
600 E BLVD, DEPT 325  
BISMARCK, ND 58505-0250

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.213 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Page 133 of 218

\$0.00

NORTH DAKOTA DEPT OF HUMAN SERVICES  
ATTN: BRENDAN JOYCE  
600 E BLVD, DEPT 325  
BISMARCK, ND 58505-0250

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.214 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

NORTH DAKOTA DEPT OF HUMAN SERVICES  
ATTN: BRENDAN JOYCE  
600 E BOULEVARD AVE, DEPT 325  
BISMARCK, ND 58505-0250

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.215 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

NYS DEPARTMENT OF HEALTH, OHIP  
ATTN: BRIAN TOUHEY  
1 COMMERCE PLZ  
1 COMMERCE PLZ  
ALBANY, NY 12210

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.216 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

NYS DEPARTMENT OF HEALTH, OHIP  
ATTN: CHRISTOPHER DESORBO  
99 WASHINGTON AVE  
ALBANY, NY 12210

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.217

**Nonpriority creditor's name and mailing address**

NYS DEPARTMENT OF HEALTH, OHIP  
C/O COMPUTER SCIENCE CORPORATION  
ATTN: BONNY DECASTRO  
99 WASHINGTON AVE  
1 COMMERCE PLZ  
ALBANY, NY 12210

**Date or dates debt was incurred****Last 4 digits of account number****As of the petition filing date, the claim is:**

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

\$0.00

3.218

**Nonpriority creditor's name and mailing address**

NYS DEPARTMENT OF HEALTH, OHIP  
C/O MAGELLAN RX MANAGEMENT  
ATTN: COURTNEY SUTTLES  
15 CORNELL RD, STE 2201  
LATHAM, NY 12110

**Date or dates debt was incurred****Last 4 digits of account number****As of the petition filing date, the claim is:**

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

\$0.00

3.219

**Nonpriority creditor's name and mailing address**

NYS DEPARTMENT OF HEALTH, OHIP  
C/O MAGELLAN RX MANAGEMENT  
ATTN: JENNIFER EGBERT  
15 CORNELL RD  
LATHAM, NY 12110

**Date or dates debt was incurred****Last 4 digits of account number****As of the petition filing date, the claim is:**

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

\$0.00

3.220

**Nonpriority creditor's name and mailing address**

OFFICE OF VERMONT HEALTH ACCESS  
C/O DEPARTMENT OF VERMONT HEALTH ACCESS  
ATTN: LISA BROUILLETTE HURTEAU  
280 STATE DR, NOB 1 SOUTH  
WATERBURY, VT 05671-1010

**Date or dates debt was incurred****Last 4 digits of account number****As of the petition filing date, the claim is:**

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

\$0.00

3.221

## Nonpriority creditor's name and mailing address

OFFICE OF VERMONT HEALTH ACCESS  
C/O DEPARTMENT OF VERMONT HEALTH ACCESS  
ATTN: LISA BROUILLETTE HURTEAU  
280 STATE DR, NOB 1 SOUTH  
WATERBURY, VT 05671-1010

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.222

## Nonpriority creditor's name and mailing address

OFFICE OF VERMONT HEALTH ACCESS  
C/O DEPARTMENT OF VERMONT HEALTH ACCESS  
ATTN: LISA BROUILLETTE HURTEAU  
280 STATE DR, NOB 1 SOUTH  
WATERBURY, VT 05671-1010

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.223

## Nonpriority creditor's name and mailing address

OFFICE OF VERMONT HEALTH ACCESS  
C/O CHANGE HEALTHCARE  
ATTN: SHARI MARTIN  
45 COMMERCE DR, STE 5  
AUGUSTA, ME 04332

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.224

## Nonpriority creditor's name and mailing address

OFFICE OF VERMONT HEALTH ACCESS  
C/O CHANGE HEALTHCARE  
ATTN: KRISTEN CARLSON  
45 COMMERCE DR, STE 5  
AUGUSTA, ME 04332

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.225 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Page 136 of 218

\$0.00

OHIO DEPARTMENT OF MEDICAID  
C/O CHANGE HEALTHCARE  
ATTN: IVONA COOKSON  
45 COMMERCE DR, STE 5  
AUGUSTA, ME 04332

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.226 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

OHIO DEPARTMENT OF MEDICAID  
C/O CHANGE HEALTHCARE  
ATTN: SHARI MARTIN  
45 COMMERCE DR, STE 5  
AUGUSTA, ME 04332

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.227 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

OHIO DEPARTMENT OF MEDICAID  
ATTN: SEAN ECKARD  
50 W TOWN ST, STE 400  
COLUMBUS, OH 43215

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.228 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

OHIO DEPARTMENT OF MEDICAID  
ATTN: SEAN ECKARD  
50 W TOWN ST, STE 400  
COLUMBUS, OH 43215

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes



3.229

## Nonpriority creditor's name and mailing address

OHIO DEPARTMENT OF MEDICAID  
ATTN: YANA DOUGHTY  
50 W TOWN ST, STE 400  
COLUMBUS, OH 43215

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.230

## Nonpriority creditor's name and mailing address

OKLAHOMA HEALTH CARE AUTHORITY  
ATTN: MICHELLE TAHAH  
4345 N LINCOLN  
OKLAHOMA CITY, OK 73105

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.231

## Nonpriority creditor's name and mailing address

OKLAHOMA HEALTH CARE AUTHORITY  
ATTN: ANDY CHASE  
4345 N LINCOLN BLVD  
OKLAHOMA CITY, OK 73105

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.232

## Nonpriority creditor's name and mailing address

OKLAHOMA HEALTH CARE AUTHORITY  
ATTN: BRYON PERDUE  
4345 N LINCOLN BLVD  
OKLAHOMA CITY, OK 73105

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.233	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	OKLAHOMA HEALTH CARE AUTHORITY ATTN: BRYON PERDUE 4345 N LINCOLN BLVD OKLAHOMA CITY, OK 73105	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.234	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	OKLAHOMA HEALTH CARE AUTHORITY ATTN: BRYON PERDUE 4345 N LINCOLN BLVD OKLAHOMA CITY, OK 73105	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE REBATE CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.235	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	OREGON MEDICAL ASSISTANCE PROGRAMS ATTN: DEBORAH WESTON 500 SUMMER ST NE SALEM, OR 97301	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.236	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	OREGON MEDICAL ASSISTANCE PROGRAMS ATTN: DEE WESTON 500 SUMMER ST NE SALEM, OR 97301	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.237

**Nonpriority creditor's name and mailing address**

OREGON MEDICAL ASSISTANCE PROGRAMS  
C/O DXC TECHNOLOGY  
ATTN: ASIA REED  
248 CHAPMAN RD, STE 100  
NEWARK, DE 19702

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.238

**Nonpriority creditor's name and mailing address**

OREGON MEDICAL ASSISTANCE PROGRAMS  
C/O STATE OF OREGON - OR HEALTH AUTHORITY  
ATTN: DEBORAH WESTON  
500 SUMMER ST NE  
SALEM, OR 97301

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.239

**Nonpriority creditor's name and mailing address**

OREGON MEDICAL ASSISTANCE PROGRAMS  
C/O STATE OF OREGON - OR HEALTH AUTHORITY  
ATTN: KIRSTEN KESLING  
4070 27TH CT, SE STE 100  
SALEM, OR 97302

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.240

**Nonpriority creditor's name and mailing address**

PA DEPT OF HUMAN SERVICES  
C/O OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
ATTN: CORRYN GUTSHALL  
303 WALNUT ST  
COMMONWEALTH TOWER, 9TH FL  
HARRISBURG, PA 17101

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.241 Nonpriority creditor's name and mailing address Main Document As of the petition filing date, the claim is: Page 140 of 218

\$0.00

PA DEPT OF HUMAN SERVICES  
C/O CHANGE HEALTHCARE  
ATTN: DANI SAWYER  
45 COMMERCE DR, STE 5  
AUGUSTA, ME 04332

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.242 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

PA DEPT OF HUMAN SERVICES  
ATTN: TERRI CATHERS  
303 WALNUT ST  
COMMONWEALTH TOWER, 9TH FL  
HARRISBURG, PA 17101

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.243 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

PA DEPT OF HUMAN SERVICES  
ATTN: TERRI CATHERS  
303 WALNUT ST  
COMMONWEALTH TOWER, 9TH FL  
HARRISBURG, PA 17101

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.244 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

PA DEPT OF HUMAN SERVICES  
ATTN: BRITTANY STARR  
303 WALNUT ST  
COMMONWEALTH TOWER, 9TH FL  
HARRISBURG, PA 17101

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.245 Nonpriority creditor's name and mailing address Main Document As of the petition filing date, the claim is: Page 141 of 218

\$6,381.25

PACIFIC NW STATISTICAL CONSULTING  
18133 154TH AVE NE  
WOODINVILLE, WA 98072

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**  
TRADE PAYABLE

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.246 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$1,102.81

PACIFIC OFFICE AUTOMATION  
14747 NW GREENBRIER PKWY  
BEAVERTON, OR 97006

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**  
TRADE PAYABLE

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.247 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$201,500.00

PHARMACEUTICAL DATA SERVICES (PDS)  
3000 WHITNEY AVE  
BOX 138  
HAMDEN, CT 06518

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**  
TRADE PAYABLE

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.248 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

PHARMACEUTICAL PACKAGING PROFESSIONALS PTY LTD  
A PCI PHARMA SERVICES CO  
C/O MILLER NASH LLP  
ATTN: JOHN R KNAPP, JR  
605 5TH AVE S, STE 900  
SEATTLE, WA 98104

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.249	<b>Nonpriority creditor's name and mailing address</b> PHIL, INC 2443 FILLMORE ST, STE 380-1423 SAN FRANCISCO, CA 94115	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	<b>\$53,327.54</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.250	<b>Nonpriority creditor's name and mailing address</b> PPD DEVELOPMENT 8551 RESEARCH WAY MIDDLETON, WI 53562	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> CUSTOMER PROGRAMS	<b>\$78,770.80</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.251	<b>Nonpriority creditor's name and mailing address</b> PREMIER RESEARCH CONSULTING 111 FOUNDERS PLZ, 6TH FL E HARTFORD, CT 06108	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	<b>\$850.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.252	<b>Nonpriority creditor's name and mailing address</b> PRIME ACCOUNTING & BUSINESS ADVISORY PTY LTD LEVEL 17, HWT TOWER 40 CITY RD SOUTHBANK, VIC 3006 AUSTRALIA	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	<b>\$478.26</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.253 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$262,766.22

PSKW, LLC (CONNECTIVERX)  
200 JEFFERSON PARK  
WHIPPANY, NJ 07981

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**  
TRADE PAYABLE

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.254 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$0.00

PUERTO RICO MEDICAID PROGRAM  
C/O ASE  
ATTN: ROXANNA ROSARIO  
URB CARIBE  
1549 CALLE ALDA  
SAN JUAN, PR 00919

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**  
POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.255 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$0.00

PUERTO RICO MEDICAID PROGRAM  
C/O ASE  
ATTN: ROXANNA ROSARIO SERRANO  
CALLE ALDA  
1549 SECTOR EL CINCO  
SAN JUAN, PR 00919

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**  
POTENTIAL REBATE  
STATE POLICY CONTACT

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.256 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$0.00

PUERTO RICO MEDICAID PROGRAM  
C/O PR HEALTH INSURER ADMINISTRATION (PRHIA)  
ATTN: ADDIE MERCADO  
CALLE ALDA  
1549 SECTOR EL CINCO  
SAN JUAN, PR 00919

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**  
POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.257 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Page 144 of 218

\$0.00

PUERTO RICO MEDICAID PROGRAM  
C/O PR HEALTH INSURER ADMINISTRATION (PRHIA)  
ATTN: CARMEN RODRIGUEZ  
CALLE ALDA  
1549 SECTOR EL CINCO  
SAN JUAN, PR 00919

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.258 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

PUERTO RICO MEDICAID PROGRAM  
C/O PR HEALTH INSURER ADMINISTRATION (PRHIA)  
ATTN: MILAGROS SOTO MEJIA  
CALLE ALDA  
1549 SECTOR EL CINCO  
SAN JUAN, PR 00919

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.259 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$32,488.86

QPHARMA  
22 SOUTH ST  
MORRISTOWN, NJ 07960

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE PAYABLE

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.260 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

RHODE ISLAND EOHHS  
C/O GAINWELL TECHNOLOGIES  
ATTN: DAWN ROUSSEAU  
301 METRO CENTER BLVD, STE 300, 3RD FL  
WARWICK, RI 02886

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes



3.261 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

RHODE ISLAND EOHHS  
C/O GAINWELL TECHNOLOGIES  
ATTN: DAWN ROUSSEAU  
301 METRO CENTER BLVD, STE 300, 3RD FL  
WARWICK, RI 02886

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.262 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

RHODE ISLAND EOHHS  
ATTN: NICOLE NELSON  
3 WEST RD  
VIRKS BLDG  
CRANSTON, RI 02920

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.263 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

RHODE ISLAND EOHHS  
ATTN: NICOLE NELSON  
3 WEST RD, STE 338  
VIRKS BLDG  
CRANSTON, RI 02920

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.264 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

RHODE ISLAND EOHHS  
ATTN: NICOLE NELSON  
301 METRO CENTER BLVD, STE 300, 3RD FL  
WARWICK, RI 02886

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.265	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	
	<b>ROBERT HALF</b> 2884 SAND HILL RD, STE 200 MENLO PARK, CA 94025	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,015.30
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGE MOTION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.266	<b>Nonpriority creditor's name and mailing address</b> <b>RSM</b> 4650 E 53RD ST DAVENPORT, IA 52807	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,729.11
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> TRADE PAYABLE	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.267	<b>Nonpriority creditor's name and mailing address</b> <b>SCDHHS</b> ATTN: KIMBERLY BRISTOW 1801 MAIN ST COLUMBIA, SC 29201	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.268	<b>Nonpriority creditor's name and mailing address</b> <b>SCDHHS</b> C/O MAGELLAN HEALTH ATTN: DAVID PINKSTON 11013 W BROAD ST, STE 500 GLEN ALLEN, VA 23060	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL REBATE STATE REBATE CONTACT	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.269

## Nonpriority creditor's name and mailing address

SCDHHS  
C/O SCDHHS/PHARMACY SERVICES  
ATTN: BRANDIE CRIDER  
1801 MAIN ST  
COLUMBIA, SC 29201

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.270

## Nonpriority creditor's name and mailing address

SCDHHS  
C/O SCDHHS/PHARMACY SERVICES  
ATTN: BRANDIE CRIDER  
1801 MAIN ST  
COLUMBIA, SC 29201

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.271

## Nonpriority creditor's name and mailing address

SCDHHS  
C/O SCDHHS/PHARMACY SERVICES  
ATTN: CHERYL ANDERSON  
1801 MAIN ST  
COLUMBIA, SC 29201

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.272

## Nonpriority creditor's name and mailing address

SECRETARY OF HEALTH & HUMAN SERVICES  
CENTER FOR MEDICARE  
DIVISION OF PART D POLICY  
MAILSTOP C1-26-16  
7500 SECURITY BLVD  
BALTIMORE, MD 21244-1850

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.273

## Nonpriority creditor's name and mailing address

SECRETARY OF HEALTH & HUMAN SERVICES  
CENTERS FOR MEDICAID & CHIP SVCS  
DISABLED & ELDERLY HEALTH PROGRAMS GROUP  
DIVISION OF PHARMACY, MAIL STOP S2-14-26  
7500 SECURITY BLVD  
BALTIMORE, MD 21244

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.274

## Nonpriority creditor's name and mailing address

SENECA CONSTRUCTION MGMT  
3512 HORTON RD  
NEWTOWN SQUARE, PA 19073

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$300.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.275

## Nonpriority creditor's name and mailing address

SHOP-PR LLC TWELVENOTE  
140 BROADWAY, 28TH FL  
NEW YORK, NY 10005

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$42,000.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.276

## Nonpriority creditor's name and mailing address

SOUTH DAKOTA DEPT OF SOCIAL SERVICES  
ATTN: JOSEPH WIESELER  
700 GOVERNORS DR  
PIERRE, SD 57501

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.277

**Nonpriority creditor's name and mailing address**

SOUTH DAKOTA DEPT OF SOCIAL SERVICES  
ATTN: MIKE JOCKHECK  
700 GOVERNORS DR  
PIERRE, SD 57501

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.278

**Nonpriority creditor's name and mailing address**

SOUTH DAKOTA DEPT OF SOCIAL SERVICES  
C/O SOUTH DAKOTA DEPT SOCIAL SERVICES  
ATTN: BILL REGYNSKI  
700 GOVERNORS DR  
PIERRE, SD 57501

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.279

**Nonpriority creditor's name and mailing address**

SOUTH DAKOTA DEPT OF SOCIAL SERVICES  
C/O SOUTH DAKOTA DEPT SOCIAL SERVICES  
ATTN: JOSEPH WIESELER  
700 GOVERNORS DR  
PIERRE, SD 57501

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.280

**Nonpriority creditor's name and mailing address**

SOUTH DAKOTA DEPT OF SOCIAL SERVICES  
C/O SOUTH DAKOTA DEPT SOCIAL SERVICES  
ATTN: JOSEPH WIESELER  
700 GOVERNORS DR  
PIERRE, SD 57501

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.281

## Nonpriority creditor's name and mailing address

SPRINGER NATURE GROUP  
1 NEW YORK PLZ, STE 4600  
NEW YORK, NY 10004

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$4,265.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.282

## Nonpriority creditor's name and mailing address

STATE OF HAWAII - MED QUEST DIVISION  
ATTN: KATHLEEN KANG-KAULUPALI  
601 KAMOKILA BLVD, STE 506B  
KAPOLEI, HI 96707

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.283

## Nonpriority creditor's name and mailing address

STATE OF HAWAII - MED QUEST DIVISION  
C/O HAWAII MED-QUEST  
ATTN: ERIC NOUCHI  
1001 KAMOKILA BLVD, STE 317  
KAPOLEI, HI 96707

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.284

## Nonpriority creditor's name and mailing address

STATE OF HAWAII - MED QUEST DIVISION  
C/O HAWAII MED-QUEST  
ATTN: MARCY ANN HEALEY  
601 KAMOKILA BLVD, RM 506B  
KAPOLEI, HI 96707

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.285	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	STATE OF HAWAII - MED QUEST DIVISION C/O CONDUENT ATTN: GARY PETON 1003 BISHOP ST, STE 1600 PAUAAH TOWER HONOLULU, HI 96813	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE REBATE CONTACT	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.286	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	STATE OF HAWAII - MED QUEST DIVISION C/O CONDUENT ATTN: GARY PETON 1003 BISHOP ST, STE 1600 PAUAAH TOWER HONOLULU, HI 96813	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.287	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	STATE OF NEVADA DHCFF C/O DHCFF ATTN: KEIKO DUNCAN 1100 E WILLIAM ST, STE 101 CARSON CITY, NV 89701	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.288	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	STATE OF NEVADA DHCFF C/O DHCFF ATTN: KEIKO DUNCAN 1100 E WILLIAM ST, STE 101 CARSON CITY, NV 89701	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.289 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Page 152 of 218

\$0.00

STATE OF NEVADA DHCFF  
C/O MAGELLAN HEALTH  
ATTN: JEFF FANALE  
11013 W BROAD ST  
GLEN ALLEN, VA 23060

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.290 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

STATE OF NEVADA DHCFF  
C/O MAGELLAN HEALTH  
ATTN: MARTIN VINCENT  
11013 W BROAD ST  
GLEN ALLEN, VA 23060

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.291 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

STATE OF NEVADA DHCFF  
C/O NEVADA DIVISION OF HEALTH CARE FINANCING  
ATTN: KEIKO DUNCAN  
1100 E WILLIAM ST, STE 101  
CARSON CITY, NV 89701

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.292 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

STATE OF TENNESSEE - TENNCARE  
C/O STATE OF TENNESSEE - TENN CARE  
ATTN: TONI CHAVIS  
310 GREAT CIRCLE RD  
NASHVILLE, TN 37228

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes



3.293

## Nonpriority creditor's name and mailing address

STATE OF TENNESSEE - TENNCARE  
ATTN: LORA UNDERWOOD  
310 GREAT CIRCLE RD  
NASHVILLE, TN 37243

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.294

## Nonpriority creditor's name and mailing address

STATE OF TENNESSEE - TENNCARE  
ATTN: KEN BARKER  
310 GREAT CIRCLE RD  
NASHVILLE, TN 37228-1752

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.295

## Nonpriority creditor's name and mailing address

STATE OF TENNESSEE - TENNCARE  
ATTN: RENEE WILLIAMS-CLARK  
4050 BRYCE RD  
NASHVILLE, TN 37211

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.296

## Nonpriority creditor's name and mailing address

STATE OF TENNESSEE - TENNCARE  
ATTN: AARON BUTLER  
310 GREAT CIRCLE RD  
NASHVILLE, TN 37228

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.297

## Nonpriority creditor's name and mailing address

STERICYCLE/SHREDIT  
2355 WAUKEGAN RD  
BANNOCKBURN, IL 60015

Main Document

As of the petition filing date, the claim is:

\$158.29

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.298

## Nonpriority creditor's name and mailing address

SYMPHONY HEALTH  
4130 PARK LAKE AVE, STE 400  
RALEIGH, NC 27612

As of the petition filing date, the claim is:

\$482,358.75

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.299

## Nonpriority creditor's name and mailing address

TEXAS HEALTH & HUMAN SERVICES COMMISSION  
ATTN: LINDA BRUMBLE  
4900 N LAMAR BLVD  
MAIL CODE 2250  
AUSTIN, TX 78751

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

POTENTIAL REBATE  
STATE MDRP CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.300

## Nonpriority creditor's name and mailing address

TEXAS HEALTH & HUMAN SERVICES COMMISSION  
ATTN: NAHID ASSADI  
4900 N LAMAR BLVD  
MC 2250  
AUSTIN, TX 78751

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.301

## Nonpriority creditor's name and mailing address

TEXAS HEALTH & HUMAN SERVICES COMMISSION  
C/O TEXAS HHSC  
ATTN: JOSHUA DOMINGUEZ  
VENDOR DRUG PROGRAM  
P.O. BOX 85200 MC-2250  
AUSTIN, TX 78708-5200

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.302

## Nonpriority creditor's name and mailing address

TEXAS HEALTH & HUMAN SERVICES COMMISSION  
C/O TEXAS HHSC  
ATTN: LINDA BRUMBLE  
4900 N LAMAR BLVD  
MAIL CODE 2250  
AUSTIN, TX 78751

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.303

## Nonpriority creditor's name and mailing address

TEXAS HEALTH & HUMAN SERVICES COMMISSION  
C/O TX HEALTH & HUMAN SERVICES COMMISSION  
ATTN: LINDA BRUMBLE  
4900 N LAMAR  
P.O. BOX 8520; MAIL CODE 2250  
AUSTIN, TX 78708-5200

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$0.00

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.304

## Nonpriority creditor's name and mailing address

TRNDIGITAL, LLC  
200 PORTLAND ST, 5TH FL  
BOSTON, MA 02114

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$50,009.72

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.305	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$30,926.00
	TWO LABS HOLDINGS LLC 110 RIVERBEND AVE, STE 100 POWELL, OH 43065	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.306	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,646.00
	UL VERIFICATION SERVICES, INC 333 PFINGSTEN RD NORTHBROOK, IL 60062	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.307	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$39.52
	UPS 55 GLENLAKE PKWY NE ATLANTA, GA 30328	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.308	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	UTAH DEPT OF HEALTH ATTN: JENNIFER STROHECKER 288 N 1460 W SALT LAKE CITY, UT 84114	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.309 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

UTAH DEPT OF HEALTH  
ATTN: JENNIFER STROHECKER  
288 N 1460 W  
SALT LAKE CITY, UT 84114

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.310 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

UTAH DEPT OF HEALTH  
ATTN: JENNIFER STROHECKER  
288 N 1460 W  
SALT LAKE CITY, UT 84114

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.311 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

UTAH DEPT OF HEALTH  
ATTN: JENNIFER STROHECKER  
288 NORTH 1460 W  
SALT LAKE CITY, UT 84114

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.312 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

UTAH DEPT OF HEALTH  
C/O CHANGE HEALTHCARE  
ATTN: LISA BRANDON  
45 COMMERCE DR, STE 5  
AUGUSTA, ME 04332

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.313	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$10,000.00
	UW CENTER FOR COMOTION 4311 11TH AVE NE, STE 500 SEATTLE, WA 98105-4608	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> TRADE PAYABLE	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.314	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	VA DEPT OF MEDICAL ASSISTANCE SERVICES C/O MAGELLAN HEALTH ATTN: MARCIE MORRISON 11013 W BROAD ST, STE 500 GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> POTENTIAL REBATE STATE REBATE CONTACT	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.315	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	VA DEPT OF MEDICAL ASSISTANCE SERVICES ATTN: MARYANN MCNEIL 600 E BROAD ST RICHMOND, VA 23219	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.316	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	VA DEPT OF MEDICAL ASSISTANCE SERVICES ATTN: KIARA JASPER 600 E BROAD ST RICHMOND, VA 23219	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.317	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	VA DEPT OF MEDICAL ASSISTANCE SERVICES ATTN: RACHEL CAIN 600 E BROAD ST RICHMOND, VA 23219	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.318	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	VA DEPT OF MEDICAL ASSISTANCE SERVICES C/O MAGELLAN RX ATTN: MARTIN VINCENT 11013 W BROAD ST, STE 500 GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE TECHNICAL CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.319	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$12,933.87
	VEEVA 4280 HACIENDA DR PLEASANTON, CA 94588	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.320	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	WA HEALTH CARE AUTHORITY ATTN: JOHNNA ZIEGLER 626 8TH AVE SE P.O. BOX 45510 OLYMPIA, WA 98501	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	Date or dates debt was incurred		
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.321 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Page 160 of 218

\$0.00

WA HEALTH CARE AUTHORITY  
ATTN: JOHNNA ZIEGLER  
626 8TH AVE SE  
P.O. BOX 45510  
OLYMPIA, WA 98501

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.322 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

WA HEALTH CARE AUTHORITY  
ATTN: JOHNNA ZIEGLER  
626 8TH AVE SE  
P.O. BOX 45510  
OLYMPIA, WA 98501

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.323 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

WA HEALTH CARE AUTHORITY  
ATTN: JOHNNA ZIEGLER  
626 8TH AVE SE  
P.O. BOX 45510  
OLYMPIA, WA 98501

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.324 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

WA HEALTH CARE AUTHORITY  
ATTN: DONNA SULLIVAN  
626 8TH AVE, SE  
P.O. BOX 45502  
OLYMPIA, WA 98504-5502

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes



3.325	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$208.37
	WESTERN EXTERMINATOR CO 305 N CRESCENT WAY ANAHEIM, CA 92801	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> TRADE PAYABLE	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.326	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	WI DIVISION OF HEALTHCARE ACCESS ATTN: EMILY ASCHENBRENER 1 W WILSON ST P.O. BOX 309 MADISON, WI 53701-0309	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> POTENTIAL REBATE STATE MDRP CONTACT	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.327	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	WI DIVISION OF HEALTHCARE ACCESS ATTN: EMILY ASCHENBRENER 1 W WILSON ST MADISON, WI 53701-0309	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> POTENTIAL REBATE STATE POLICY CONTACT	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.328	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	WI DIVISION OF HEALTHCARE ACCESS ATTN: LYNN RADMER 1 W WILSON ST, RM 330 MADISON, WI 53701-0309	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> POTENTIAL REBATE STATE DUR CONTACT	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.329

## Nonpriority creditor's name and mailing address

WI DIVISION OF HEALTHCARE ACCESS  
C/O GAINWELL TECHNOLOGY  
ATTN: JEN KNETTER  
313 BLETTNER BLVD  
MADISON, WI 53784

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE REBATE CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.330

## Nonpriority creditor's name and mailing address

WI DIVISION OF HEALTHCARE ACCESS  
C/O GAINWELL TECHNOLOGY  
ATTN: LAURENT FERRARI  
313 BLETTNER BLVD  
MADISON, WI 53784

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.331

## Nonpriority creditor's name and mailing address

WV DEPARTMENT HEALTH & HUMAN RESOURCES  
C/O GAINWELL TECHNOLOGIES  
ATTN: SARAH SALDANHA  
1600 PENNSYLVANIA AVE  
CHARLESTON, WV 25302

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.332

## Nonpriority creditor's name and mailing address

WV DEPARTMENT HEALTH & HUMAN RESOURCES  
C/O BUREAU FOR MEDICAL SERVICES  
ATTN: GAIL GOODNIGHT  
350 CAPITOL ST, RM 251  
CHARLESTON, WV 25301-3707

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

POTENTIAL REBATE  
STATE POLICY CONTACT

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$0.00

3.333 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

WV DEPARTMENT HEALTH & HUMAN RESOURCES  
C/O BUREAU FOR MEDICAL SERVICES  
ATTN: GAIL GOODNIGHT  
350 CAPITOL ST, RM 251  
CHARLESTON, WV 25301-3707

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.334 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

WV DEPARTMENT HEALTH & HUMAN RESOURCES  
ATTN: PRIYA SHAH  
350 CAPITOL ST, RM 251  
CHARLESTON, WV 25301

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.335 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

WV DEPARTMENT HEALTH & HUMAN RESOURCES  
ATTN: GAIL GOODNIGHT  
350 CAPITOL ST, RM 251  
CHARLESTON, WV 25301-3707

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.336 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** **\$0.00**

WY DEPT OF HEALTH  
ATTN: CORI COOPER  
6101 YELLOWSTONE RD, STE 210  
CHEYENNE, WY 82002

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE DUR CONTACT

**Date or dates debt was incurred**

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

3.337 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Page 164 of 218

\$0.00

WY DEPT OF HEALTH  
C/O CHANGE HEALTHCARE PHARMACY SOLUTIONS  
ATTN: BRITTANY CLEMENT  
45 COMMERCE DR, STE 5  
AUGUSTA, ME 04332

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE REBATE CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.338 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

WY DEPT OF HEALTH  
C/O CHANGE HEALTHCARE PHARMACY SOLUTIONS  
ATTN: BRITTANY CLEMENT  
45 COMMERCE DR, STE 5  
AUGUSTA, ME 04332

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE TECHNICAL CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.339 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

WY DEPT OF HEALTH  
C/O WDH, DIVISION OF HEALTHCARE FINANCING  
ATTN: CORI COOPER  
122 W 25TH ST, STE 4 W  
CHEYENNE, WY 82002

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE MDRP CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.340 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

WY DEPT OF HEALTH  
C/O WDH, DIVISION OF HEALTHCARE FINANCING  
ATTN: CORI COOPER  
122 W 25TH ST, STE 4 W  
CHEYENNE, WY 82002

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

POTENTIAL REBATE  
STATE POLICY CONTACT

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.341

Nonpriority creditor's name and mailing address

Main Document

As of the petition filing date, the claim is:

Page 165 of 218

\$119,343.62

ZINC HEALTH SERVICES  
1 CVS DR  
MAIL CODE 1160  
WOONSOCKET, RI 02895

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE PAYABLE

**Date or dates debt was incurred****Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

Debtor Name

Imper Pharmaceuticals Inc.

Case 23-80016-sqi11

Doc 265

Filed 02/29/24

Entered 02/29/24 17:42:57

Desc

Imper Pharmaceuticals Inc.

Main Document

Page 166 of 218

Case number (if known): 23-80016

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****5a. Total claims from Part 1**

\$730,380.04

**5b. Total claims from Part 2**

\$3,330,098.25

**5c. Total claims of Parts 1 and 2**

Lines 5a + 5b = 5c

\$4,060,478.29

Debtor Name **Impel Pharmaceuticals Inc.****United States Bankruptcy Court for the Northern District of Texas**Case number (if known): **23-80016**
☒ Check if this is an amended filing
**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**
☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B)
**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	<b>QUALITY ASSURANCE AGREEMENT</b>	<b>ACCUMOLD 18 POWELLS VALLEY RD HALIFAX, PA 17032</b>
	State the term remaining List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest	<b>FOREIGN PACKAGE</b>	<b>ACE AMERICAN INSURANCE CO 436 WALNUT ST PHILADELPHIA, PA 19106</b>
	State the term remaining List the contract number of any government contract	5/01/2024	
2.3	State what the contract or lease is for and the nature of the debtor's interest	<b>4TH EXCESS DIRECTORS &amp; OFFICERS LIABILITY</b>	<b>ACE AMERICAN INSURANCE CO (CHUBB) 436 WALNUT ST PHILADELPHIA, PA 19106</b>
	State the term remaining List the contract number of any government contract	4/23/2024	
2.4	State what the contract or lease is for and the nature of the debtor's interest	<b>ENGAGEMENT LETTER</b>	<b>ADKINS BLACK LLP 1100 BELLEVUE WAY NE, STE 8A-914 BELLEVUE, WA 98004</b>
	State the term remaining List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>AFFIRMA CONSULTING, LLC 3380 146TH PL SE, STE 100 BELLEVUE, WA 98007</b>
	State the term remaining List the contract number of any government contract		



**Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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2.6	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>AIT BIOSCIENCE, LLC</b> 7840 INNOVATION BLVD INDIANAPOLIS, IN 46278
	State the term remaining List the contract number of any government contract		
2.7	State what the contract or lease is for and the nature of the debtor's interest	<b>GLOBAL TECHNICAL AGREEMENT</b>	<b>ALMAC CLINICAL SERVICES LTD</b> 25 FRETZ RD SOUDERTON, PA18964
	State the term remaining List the contract number of any government contract		
2.8	State what the contract or lease is for and the nature of the debtor's interest	<b>GLOBAL MASTER SERVICES AGREEMENT</b>	<b>ALTASCIENCES PRECLINICAL SEATTLE, LLC</b> 6605 MERRILL CREEK PKWY EVERETT, WA 98203
	State the term remaining List the contract number of any government contract		
2.9	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER RESEARCH SERVICES AGREEMENT</b>	<b>ALTURAS ANALYTICS, INC</b> 1324 ALTURAS DR MOSCOW, ID 83843
	State the term remaining List the contract number of any government contract		
2.10	State what the contract or lease is for and the nature of the debtor's interest	<b>ANNUAL SUBSCRIPTION</b>	<b>AMAZON</b> 410 TERRY AVE N SEATTLE, WA 98109
	State the term remaining List the contract number of any government contract		
2.11	State what the contract or lease is for and the nature of the debtor's interest	<b>CORPORATE SERVICES COMMERCIAL ACCOUNT AGREEMENT</b>	<b>AMERICAN EXPRESS</b> 200 VESEY ST NEW YORK, NY 10285
	State the term remaining List the contract number of any government contract		

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2.12	State what the contract or lease is for and the nature of the debtor's interest	<b>TRANSFER AGENCY AND REGISTRAR SERVICES AGREEMENT</b>	<b>AMERICAN STOCK TRANSFER &amp; TRUST CO AKA AMERICAN STOCK TRANSFER &amp; TRUST COMPANY, LLC LEGAL DEPARTMENT 48 WALL ST, 22ND FL NEW YORK, NY 10005</b>
	State the term remaining List the contract number of any government contract		
2.13	State what the contract or lease is for and the nature of the debtor's interest	<b>VALUATION ANALYSIS RELATED TO WARRANTS OF IMPEL NEUROPHARMA, INC.</b>	<b>ANDERSEN TAX LLC 1200 5TH AVE, STE 1600 SEATTLE, WA 98101</b>
	State the term remaining List the contract number of any government contract		
2.14	State what the contract or lease is for and the nature of the debtor's interest	<b>COMMERCIAL PACKAGING AGREEMENT</b>	<b>ANDERSONBRECON, INC DBA PCI PHARMA SERVICES C/O MILLER NASH LLP 605 5TH AVE S, STE 900 SEATTLE, WA 98104</b>
	State the term remaining List the contract number of any government contract		
2.15	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT &amp; SOW #1</b>	<b>ANGIE OHNMEIS, LLC 5034 GOAL POST LN · CINCINNATI, OH 45244</b>
	State the term remaining List the contract number of any government contract	12/31/2026	
2.16	State what the contract or lease is for and the nature of the debtor's interest	<b>SERVICE AGREEMENT</b>	<b>AON PLC 25 W 45TH ST, 15TH FL NEW YORK, NY 10036</b>
	State the term remaining List the contract number of any government contract	3/10/2024	
2.17	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>AQUINAS LEADERSHIP GROUP 120 IOWA LN, STE 204 CARY, NC 27511</b>
	State the term remaining List the contract number of any government contract	2/16/2024	

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2.18	State what the contract or lease is for and the nature of the debtor's interest	<b>REBATE PROGRAM AGREEMENT</b>	<b>ASCENT HEALTH SERVICES LLC</b> 1 EXPRESS WAY ST LOUIS, MO 63121
	State the term remaining List the contract number of any government contract		
2.19	State what the contract or lease is for and the nature of the debtor's interest	<b>PRODUCT PURCHASE AGREEMENT</b>	<b>ASP CARES HOUSTON</b> 2429 BISSONNET ST, STE 612 HOUSTON, TX 77005
	State the term remaining List the contract number of any government contract		
2.20	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICE AGREEMENT</b>	<b>ASPN PHARMACIES, LLC</b> 200 PARK AVE, STE 300 FLORHAM PARK, NJ 07932
	State the term remaining List the contract number of any government contract		
2.21	State what the contract or lease is for and the nature of the debtor's interest	<b>3RD EXCESS DIRECTORS &amp; OFFICERS LIABILITY</b>	<b>ATLANTIC SPECIALTY INSURANCE CO (INTACT)</b> 605 HIGHWAY 169 N, STE 800 PLYMOUTH, MN 55441
	State the term remaining List the contract number of any government contract	4/23/2024	
2.22	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>AVANTOR FUNDING, INC</b> 3477 CORPORATE PKWY, STE 200 CENTER VALLEY, PA 18034
	State the term remaining List the contract number of any government contract	12/11/2024	
2.23	State what the contract or lease is for and the nature of the debtor's interest	<b>DIRECTORS &amp; OFFICERS LIABILITY – PRIMARY</b>	<b>AXIS INSURANCE CO</b> 10000 AVALON BLVD, STE 200 ALPHARETTA, GA 30009
	State the term remaining List the contract number of any government contract	4/23/2024	

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2.24	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>AXTRIA, INC</b> <b>300 CONNELL DR, 5TH FL</b> <b>BERKELEY HEIGHTS, NJ 07922</b>
	State the term remaining List the contract number of any government contract	12/31/2023	
2.25	State what the contract or lease is for and the nature of the debtor's interest	<b>STATEMENT OF WORK #6</b>	<b>BAKER TILLY US, LLP</b> <b>8626 N HIMES AVE</b> <b>TAMPA, FL 33614</b>
	State the term remaining List the contract number of any government contract	3/31/2024	
2.26	State what the contract or lease is for and the nature of the debtor's interest	<b>CLIENT SERVICES AGREEMENT</b>	<b>BARRINGTON JAMES LLC</b> <b>1001 6TH AVE</b> <b>NEW YORK, NY 10018</b>
	State the term remaining List the contract number of any government contract		
2.27	State what the contract or lease is for and the nature of the debtor's interest	<b>SERVICE AGREEMENT</b>	<b>BEANWORKS SOLUTIONS, INC</b> <b>1159 HAMILTON ST</b> <b>VANCOUVER, BC V6B 5P6</b> <b>CANADA</b>
	State the term remaining List the contract number of any government contract		
2.28	State what the contract or lease is for and the nature of the debtor's interest	<b>SERVICE ORDER</b>	<b>BIOBRIDGES LLC</b> <b>2701 AERIAL CENTER PKWY, STE 120</b> <b>MORRISVILLE, NC 27709</b>
	State the term remaining List the contract number of any government contract	12/31/2024	
2.29	State what the contract or lease is for and the nature of the debtor's interest	<b>PHARMACEUTICAL DISTRIBUTION SERVICES AGREEMENT</b>	<b>BIORIDGE PHARMA, LLC</b> <b>325 COLUMBIA TPKE, STE 111</b> <b>FLORHAM PARK, NJ 07932</b>
	State the term remaining List the contract number of any government contract		

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2.30	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>LEASE</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BMR-201 ELLIOTT AVENUE LLC 201 ELLIOTT AVE W SEATTLE, WA 98119</p>
2.31	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>OFFICE LEASE</p> <p>State the term remaining 4/27/2032</p> <p>List the contract number of any government contract</p>	<p>BOF II PA LINDENWOOD LLC 101 LINDENWOOD DR MALVERN, PA 19355</p>
2.32	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CALVERT LABORATORIES, INC 130 DISCOVERY DR SCOTT TECHNOLOGY PARK CLARKS SUMMIT, PA 18447</p>
2.33	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CAPSULE CONTINUING GUARANTEE</p> <p>State the term remaining 5/23/2026</p> <p>List the contract number of any government contract</p>	<p>CAPSUGEL US, LLC 412 MT KEMBLE AVE MORRISTOWN, NJ 07960</p>
2.34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>QUALITY AGREEMENT</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CARDINAL HEALTH 7000 CARDINAL PL DUBLIN, OH 43017</p>
2.35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EXCLUSIVE DISTRIBUTION AGREEMENT</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CARDINAL HEALTH 105, INC 7000 CARDINAL PL DUBLIN, OH 43017</p>

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2.36	State what the contract or lease is for and the nature of the debtor's interest	<b>MEDICARE PART D PROGRAM REBATE AGREEMENT</b>	<b>CAREMARKPCS HEALTH, LLC</b> 1 CVS DR LEGAL DEPARTMENT WOONSOCKET, RI 02895
	State the term remaining List the contract number of any government contract	12/31/2025	
2.37	State what the contract or lease is for and the nature of the debtor's interest	<b>REBATE AGREEMENT</b>	<b>CAREMARKSPCS HEALTH, LLC</b> 1 CVS DR LEGAL DEPARTMENT WOONSOCKET, RI 02895
	State the term remaining List the contract number of any government contract		
2.38	State what the contract or lease is for and the nature of the debtor's interest	<b>PHARMACY DISTRIBUTION AGREEMENT</b>	<b>CAREPOINT HEALTHCARE LLC</b> 9 COMMERCE DR SCHAUMBURG, IL 60173
	State the term remaining List the contract number of any government contract		
2.39	State what the contract or lease is for and the nature of the debtor's interest	<b>INTERCOMPANY QUALITY ASSURANCE AGREEMENT</b>	<b>CCG CORPORATE MAILINGS, INC</b> 14 HENDERSON DR W CALDWELL, NJ 07006
	State the term remaining List the contract number of any government contract		
2.40	State what the contract or lease is for and the nature of the debtor's interest	<b>QUALITY AGREEMENT</b>	<b>CCG MARKETING SOLUTIONS</b> 14 HENDERSON DR W CALDWELL, NJ 07006
	State the term remaining List the contract number of any government contract		
2.41	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT &amp; SOW #1</b>	<b>CDM CONSULTING LLC</b> 25 VIA MARCONI SORBOLO, EMILIA-ROMAGNA 43058 ITALY
	State the term remaining List the contract number of any government contract	5/27/2024	

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2.42	State what the contract or lease is for and the nature of the debtor's interest	INVOICE ONLY	CDW DIRECT 200 N MILWAUKEE AVE VERNON HILLS, IL 60061
	State the term remaining List the contract number of any government contract		
2.43	State what the contract or lease is for and the nature of the debtor's interest	MEDICARE COVERAGE GAP DISCOUNT PROGRAM DATA AGREEMENT (2021 TPA AGREEMENT FOR P1710)	CENTERS FOR MEDICARE & MEDICAID SERVICES AKA CMS C/O CENTER FOR MEDICARE DIVISION OF PART D POLICY MAILSTOP C1-26-16 7500 SECURITY BLVD BALTIMORE, MD 21244-1850
	State the term remaining List the contract number of any government contract	P1710	
2.44	State what the contract or lease is for and the nature of the debtor's interest	CERTARA USA, INC MASTER SERVICES AGREEMENT	CERTARA USA, INC 100 OVERLOOK CTR, STE 101 PRINCETON, NJ 08540
	State the term remaining List the contract number of any government contract		
2.45	State what the contract or lease is for and the nature of the debtor's interest	INVOICE ONLY	CFI WORKSPACE 7001 N PARK DR PENNSAUKEN TOWNSHIP, NJ 08109
	State the term remaining List the contract number of any government contract		
2.46	State what the contract or lease is for and the nature of the debtor's interest	CUSTOMS CERTIFICATIONS, INDEMNITY AGREEMENT AND COLLATERAL POLICY	CH ROBINSON WORLDWIDE, INC 14701 CHARLSON RD EDEN PRAIRIE, MN 55347
	State the term remaining List the contract number of any government contract		
2.47	State what the contract or lease is for and the nature of the debtor's interest	MASTER SERVICES AGREEMENT	CHARLES RIVER LABORATORIES, INC 251 BALLARDVALE ST WILMINGTON, MA 01887
	State the term remaining List the contract number of any government contract		

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2.48	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT &amp; SOW #1</b>	<b>CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP)</b> <b>3401 CIVIC CENTER BLVD</b> <b>PHILADELPHIA, PA 19104</b>
	State the term remaining List the contract number of any government contract	7/24/2026	
2.49	State what the contract or lease is for and the nature of the debtor's interest	<b>LICENSE AGREEMENT</b>	<b>CITELINE</b> <b>52 VANDERBILT AVE</b> <b>NEW YORK, NY 10017</b>
	State the term remaining List the contract number of any government contract		
2.50	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICE AGREEMENT &amp; SOW #1</b>	<b>CLARK NUBER PS</b> <b>10900 NE 4TH ST, STE 1400</b> <b>BELLEVUE, WA 98004</b>
	State the term remaining List the contract number of any government contract		
2.51	State what the contract or lease is for and the nature of the debtor's interest	<b>MUTUAL CONFIDENTIALITY AGREEMENT</b>	<b>CLEAN EARTH INC</b> <b>933 1ST AVE, STE 200</b> <b>KING OF PRUSSIA, PA 19406</b>
	State the term remaining List the contract number of any government contract		
2.52	State what the contract or lease is for and the nature of the debtor's interest	<b>LAST STATEMENT OF WORK AS OF 7/22/22</b>	<b>CLINIGEN CSM, INC</b> <b>300 TECHNOLOGY DR</b> <b>MALVERN, PA 19355</b>
	State the term remaining List the contract number of any government contract		
2.53	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT</b>	<b>CLOSE CONSULTING LLC</b> <b>9899 ZIG ZAG RD</b> <b>CINCINNATI, OH 45242</b>
	State the term remaining List the contract number of any government contract		



Debtor Name **Impel Pharmaceuticals Inc.**Case number (if known): **23-80016****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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2.54	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT</b>	<b>CMTJ &amp; ASSOCIATES LLC</b> 117 SPUR LN W CHESTER, PA 19382
	State the term remaining List the contract number of any government contract		
2.55	State what the contract or lease is for and the nature of the debtor's interest	<b>COBBLESTONE SOFTWARE HOSTED SOFTWARE LICENSE AGREEMENT</b>	<b>COBBLESTONE SYSTEMS CORP</b> 428 S WHITE HORSE PIKE LINDENWOLD, NJ 08021
	State the term remaining List the contract number of any government contract		
2.56	State what the contract or lease is for and the nature of the debtor's interest	<b>COMCAST BUSINESS SERVICE ORDER</b>	<b>COMCAST CABLE COMMUNICATIONS MANAGEMENT, LLC</b> 1701 JFK BLVD PHILADELPHIA, PA 19103
	State the term remaining List the contract number of any government contract		
2.57	State what the contract or lease is for and the nature of the debtor's interest	<b>CONNOR GROUP GLOBAL SERVICES, LLC</b>	<b>CONNOR GROUP GLOBAL SERVICES, LLC</b> 60 E 42ND ST, STE 920 NEW YORK, NY 10165
	State the term remaining List the contract number of any government contract	12/31/2023	
2.58	State what the contract or lease is for and the nature of the debtor's interest	<b>QUALITY AGREEMENT</b>	<b>COOK SPRING CO</b> 233 SARASOTA CENTER BLVD SARASOTA, FL 34240
	State the term remaining List the contract number of any government contract		
2.59	State what the contract or lease is for and the nature of the debtor's interest	<b>ANNUAL COPYRIGHT LICENSE AGREEMENT</b>	<b>COPYRIGHT CLEARANCE CENTER, INC</b> 222 ROSEWOOD DR DANVERS, MA 01923
	State the term remaining List the contract number of any government contract	4/28/2024	

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2.60	State what the contract or lease is for and the nature of the debtor's interest	<b>RENEWAL SERVICES AGREEMENT</b>	<b>CPA GLOBAL LTD</b> 2318 MILL RD, 12TH FL ALEXANDRIA, VA 22314
	State the term remaining List the contract number of any government contract		
2.61	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>CRISP THINKING (UK) LTD</b> CENTRAL SQUARE 29 WELLINGTON ST, STE 1 LEEDS, W YORKSHIRE LS1 4DL UNITED KINGDOM
	State the term remaining List the contract number of any government contract		
2.62	State what the contract or lease is for and the nature of the debtor's interest	<b>CT ASSURANCE AGREEMENT</b>	<b>CT CORP SYSTEM</b> 28 LIBERTY ST NEW YORK, NY 10005
	State the term remaining List the contract number of any government contract	2/28/2025	
2.63	State what the contract or lease is for and the nature of the debtor's interest	<b>OCCUPANCY LICENSE AGREEMENT</b>	<b>CUBEWORKS</b> 900 TURNBULL CANYON RD CITY OF INDUSTRY, CA 91745
	State the term remaining List the contract number of any government contract		
2.64	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>CULT HEALTH LLC</b> 261 5TH AVE, STE 1002 NEW YORK, NY 10016
	State the term remaining List the contract number of any government contract	4/7/2024	
2.65	State what the contract or lease is for and the nature of the debtor's interest	<b>COMMERCIAL AGREEMENT</b>	<b>CURIA ITALY SRL</b> VIA VOLTURNO, 41/43 20089, ROZZANO ITALY
	State the term remaining List the contract number of any government contract		

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2.66	State what the contract or lease is for and the nature of the debtor's interest	<b>REBATE AGREEMENT</b>	<b>CVS CAREMARK PART D SERVICES, LLC</b> 1 CVS DR LEGAL DEPARTMENT WOONSOCKET, RI 02895
	State the term remaining List the contract number of any government contract		
2.67	State what the contract or lease is for and the nature of the debtor's interest	<b>INTERIOR DESIGN SERVICES PROPOSAL FOR IMPEL NEUROPHARMA</b>	<b>D2 GROUPS, LLC</b> 2540 RENAISSANCE BLVD KING OF PRUSSIA, PA 19406
	State the term remaining List the contract number of any government contract		
2.68	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT &amp; SOW #1</b>	<b>DE NOTARISTEFANI</b> 33 DEVONSHIRE LN MENDHAM, NJ 07945
	State the term remaining List the contract number of any government contract	6/7/2026	
2.69	State what the contract or lease is for and the nature of the debtor's interest	<b>TWO STATEMENTS OF WORK AS OF 3/14/23 AND 9/11/23</b>	<b>DEERFIELD AGENCY, LLC</b> 555 E NORTH LN, BLDG D, STE 5020 W LOBBY CONSHOHOCKEN, PA 19428
	State the term remaining List the contract number of any government contract	12/31/2023	
2.70	State what the contract or lease is for and the nature of the debtor's interest	<b>INVOICE ONLY</b>	<b>DIGITAL MEDIA (INTRADO)</b> 770 N HALSTED ST, STE 6S CHICAGO, IL 60642
	State the term remaining List the contract number of any government contract		
2.71	State what the contract or lease is for and the nature of the debtor's interest	<b>REBATE AGREEMENT</b>	<b>DIVIDEND GROUP, LLC</b> 330 N BRAND BLVD, STE 700 GLENDALE, CA 91203
	State the term remaining List the contract number of any government contract		

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2.72	State what the contract or lease is for and the nature of the debtor's interest	<b>SUBSCRIPTION ORDER FORM</b>	<b>DONNELLEY FINANCIAL SOLUTIONS 35 W WACKER DR CHICAGO, IL 60601</b>
	State the term remaining List the contract number of any government contract		
2.73	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>DRAGONFLY AGENCY CORP 623 RIVER RD FAIR HAVEN, NJ 07704</b>
	State the term remaining List the contract number of any government contract		
2.74	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICE AGREEMENT &amp; SOW #1</b>	<b>DRURY DESIGN DYNAMICS, INC 275 7TH AVE NEW YORK, NY 10011</b>
	State the term remaining List the contract number of any government contract		
2.75	State what the contract or lease is for and the nature of the debtor's interest	<b>US CORPORATE TRAVEL SERVICES AGREEMENT</b>	<b>EGENCIA LLC 1111 EXPEDIA GROUP WY W SEATTLE, WA 98119</b>
	State the term remaining List the contract number of any government contract		
2.76	State what the contract or lease is for and the nature of the debtor's interest	<b>2023 PUBLIC RELATIONS SCOPE OF WORK &amp; ESTIMATED BUDGET</b>	<b>ELIXIR HEALTH PUBLIC RELATIONS INC 379 W BROADWAY NEW YORK, NY 10012</b>
	State the term remaining List the contract number of any government contract	12/31/2023	
2.77	State what the contract or lease is for and the nature of the debtor's interest	<b>LANDLORD CONSENT TO SUBLEASE</b>	<b>ELLIOTT SEATTLE REAL ESTATE HOLDING INC 200 W MERCER ST, STE 106 SEATTLE, WA 98119</b>
	State the term remaining List the contract number of any government contract		

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2.78	State what the contract or lease is for and the nature of the debtor's interest	<b>GENERAL CONDITIONS OF ASSIGNMENT</b>	<b>EMERALD SEARCH PARTNERS LLC</b> 600 UNIVERSITY ST, STE 1625 SEATTLE, WA 98101
	State the term remaining List the contract number of any government contract		
2.79	State what the contract or lease is for and the nature of the debtor's interest	<b>VEHICLE LEASE AGREEMENT</b>	<b>EMKAY, INC</b> 805 W THORNDALE AVE ITASCA, IL 60143-7400
	State the term remaining List the contract number of any government contract		
2.80	State what the contract or lease is for and the nature of the debtor's interest	<b>2ND EXCESS DIRECTORS &amp; OFFICERS LIABILITY</b>	<b>ENDURANCE AMERICAN INSURANCE CO</b> FOUR MANHATTANVILLE RD, 3RD FL PURCHASE, NY 10577
	State the term remaining List the contract number of any government contract	4/23/2024	
2.81	State what the contract or lease is for and the nature of the debtor's interest	<b>MANAGEMENT LIABILITY</b>	<b>ENDURANCE AMERICAN SPECIALTY INSURANCE CO</b> FOUR MANHATTANVILLE RD, 3RD FL PURCHASE, NY 10577
	State the term remaining List the contract number of any government contract	11/01/2024	
2.82	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>EPL PATHOLOGY ARCHIVES, LLC</b> 435 TOLBERT LN SE LEESBURG, VA 20175
	State the term remaining List the contract number of any government contract		
2.83	State what the contract or lease is for and the nature of the debtor's interest	<b>TRANSFER AGENCY AND REGISTRAR SERVICES AGREEMENT</b>	<b>EQUINITI TRUST CO, LLC</b> 6201 15TH AVE BROOKLYN, NY 11219
	State the term remaining List the contract number of any government contract		

**Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.84	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>EUROFINS PANLABS, INC 6 RESEARCH PARK DR ST CHARLES, MO 63304</b>
	State the term remaining List the contract number of any government contract	6/11/2025	
2.85	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>EXPERIC, LLC 2 CLARKE DR CRANBURY, NJ 08512</b>
	State the term remaining List the contract number of any government contract		
2.86	State what the contract or lease is for and the nature of the debtor's interest	<b>MEDICARE PART D INFLATION AGREEMENT</b>	<b>EXPRESS SCRIPTS SENIOR CARE HOLDINGS, INC 1 EXPRESS WAY ST LOUIS, MO 63121</b>
	State the term remaining List the contract number of any government contract		
2.87	State what the contract or lease is for and the nature of the debtor's interest	<b>INFLATION AGREEMENT</b>	<b>EXPRESS SCRIPTS, INC 1 EXPRESS WAY ST LOUIS, MO 63121</b>
	State the term remaining List the contract number of any government contract		
2.88	State what the contract or lease is for and the nature of the debtor's interest	<b>QUALITY AGREEMENT</b>	<b>FARMACIENCIA SA 40 LAKE DR E WINDSOR, NJ 08520</b>
	State the term remaining List the contract number of any government contract		
2.89	State what the contract or lease is for and the nature of the debtor's interest	<b>INVOICE ONLY</b>	<b>FISHER &amp; PHILLIPS LLP 1230 PEACHTREE ST, STE 3300 NE ATLANTA, GA 30309</b>
	State the term remaining List the contract number of any government contract		

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2.90	State what the contract or lease is for and the nature of the debtor's interest	<b>MANUFACTURING SERVICES AGREEMENT</b>	<b>FREUDENBERG MEDICAL LLC 40 SAM FONZO DR BEVERLY, MA 01915</b>
	State the term remaining List the contract number of any government contract		
2.91	State what the contract or lease is for and the nature of the debtor's interest	<b>INVOICE ONLY</b>	<b>FRONTIERS MEDIA SA AVE DU TRIBUNAL FÉDÉRAL 34 1005 LAUSANNE SWITZERLAND</b>
	State the term remaining List the contract number of any government contract		
2.92	State what the contract or lease is for and the nature of the debtor's interest	<b>INVOICE ONLY</b>	<b>FUTURE MEDICINE 54 CHANGUP-RO SUJEONG-GU SEONGNAM-SI, GYEONGGI-DO S KOREA</b>
	State the term remaining List the contract number of any government contract		
2.93	State what the contract or lease is for and the nature of the debtor's interest	<b>LAST STATEMENT OF WORK AS OF 9/21/23</b>	<b>GOOD APPLE 5-9 UNION SQ W, 4TH FL NEW YORK, NY 10003</b>
	State the term remaining List the contract number of any government contract		
2.94	State what the contract or lease is for and the nature of the debtor's interest	<b>YEARLY SUBSCRIPTION</b>	<b>GREATLAND 2480 WALKER AVE NW GRAND RAPIDS, MI 49544</b>
	State the term remaining List the contract number of any government contract		
2.95	State what the contract or lease is for and the nature of the debtor's interest	<b>LICENSE AGREEMENT</b>	<b>GS1 US 300 CHARLES EWING BLVD EWING TOWNSHIP, NJ 08628</b>
	State the term remaining List the contract number of any government contract		

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2.96	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICE AGREEMENT</b>	<b>HEALTHCARE ALLIANCE GROUP</b> 101 LAUREL RD, STE 100 VOORHEES, NJ 08043
	State the term remaining List the contract number of any government contract		
2.97	State what the contract or lease is for and the nature of the debtor's interest	<b>STATEMENT OF WORK #13</b>	<b>HEALTHCARE ALLIANCE GROUP, LLC</b> 101 LAUREL RD, STE 100 VOORHEES, NJ 08043
	State the term remaining List the contract number of any government contract	12/31/2023	
2.98	State what the contract or lease is for and the nature of the debtor's interest	<b>SPECIAL CONTINGENCY</b>	<b>HISCOX INSURANCE CO INC</b> 104 S MICHIGAN AVE, STE 600 CHICAGO, IL 60603
	State the term remaining List the contract number of any government contract	11/01/2024	
2.99	State what the contract or lease is for and the nature of the debtor's interest	<b>CRIME</b>	<b>HISCOX INSURANCE CO INC</b> 104 S MICHIGAN AVE, STE 600 CHICAGO, IL 60603
	State the term remaining List the contract number of any government contract	6/01/2024	
2.100	State what the contract or lease is for and the nature of the debtor's interest	<b>WORK ORDER #13</b>	<b>HOVIONE LTD</b> 40 LAKE DR E WINDSOR, NJ 08520
	State the term remaining List the contract number of any government contract	12/31/2023	
2.101	State what the contract or lease is for and the nature of the debtor's interest	<b>1ST EXCESS DIRECTORS &amp; OFFICERS LIABILITY</b>	<b>HUDSON INSURANCE CO</b> 100 WILLIAM ST, 5TH FL NEW YORK, NY 10038
	State the term remaining List the contract number of any government contract	4/23/2024	



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2.102	State what the contract or lease is for and the nature of the debtor's interest	<b>POLLUTION LIABILITY</b>	<b>ILLINOIS UNION INSURANCE CO</b> 436 WALNUT ST PHILADELPHIA, PA 19106
	State the term remaining List the contract number of any government contract	11/01/2025	
2.103	State what the contract or lease is for and the nature of the debtor's interest	<b>STATEMENT OF WORK</b>	<b>IMPRINT PUBLICATION SCIENCE</b> 3 COLUMBUS CIR, 8TH FL NEW YORK CITY, NY 10019
	State the term remaining List the contract number of any government contract		
2.104	State what the contract or lease is for and the nature of the debtor's interest	<b>KEAP BUSINESS ASSOCIATE AGREEMENT</b>	<b>INSIGHTSOFTWARE</b> 8529 SIX FORKS RD RALEIGH, NC 27615
	State the term remaining List the contract number of any government contract		
2.105	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>INTEGRICHAIN, INC</b> 8 PENN CENTER 1628 JFK BLVD, STE 300 PHILADELPHIA, PA 19103
	State the term remaining List the contract number of any government contract		
2.106	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>INTERACTIVE FORUMS, INC</b> 375 E ELM ST, STE 200 CONSHOHOCKEN, PA 19428
	State the term remaining List the contract number of any government contract	4/8/2024	
2.107	State what the contract or lease is for and the nature of the debtor's interest	<b>PROJECT PROPOSAL INP105 DPI DRUG DELIVERY DEVICE OLANZAPINE - POD FOR ACUTE AGITATION HUMAN FACTORS PROGRAM</b>	<b>INTERFACE ANALYSIS ASSOCIATES</b> 1821 SARATOGA AVE, STE 200 SARATOGA, CA 95070
	State the term remaining List the contract number of any government contract		

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2.108	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT &amp; SOW #1</b>	<b>IPG HEALTH MEDICAL COMMUNICATIONS INC</b> 100 W 33RD ST NEW YORK, NY 10001
	State the term remaining List the contract number of any government contract	10/26/2025	
2.109	State what the contract or lease is for and the nature of the debtor's interest	<b>USER-CUSTOMER AGREEMENT FOR AMA PHYSICIAN PROFESSIONAL DATA</b>	<b>IQVIA, INC</b> 2400 ELLIS RD DURHAM, NC 27703
	State the term remaining List the contract number of any government contract		
2.110	State what the contract or lease is for and the nature of the debtor's interest	<b>STATEMENT OF WORK</b>	<b>JENNASON LLC</b> 18450 RUTLEDGE RD WAYZATA, MN 55391
	State the term remaining List the contract number of any government contract		
2.111	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICE AGREEMENT</b>	<b>JUICE PHARMA WORLDWIDE, LLC</b> 132 W 31ST ST NEW YORK, NY 10001
	State the term remaining List the contract number of any government contract	12/31/2023	
2.112	State what the contract or lease is for and the nature of the debtor's interest	<b>SERVICE AGREEMENT</b>	<b>KAISER PERMANENTE</b> 1 KAISER PLZ OAKLAND, CA 94612
	State the term remaining List the contract number of any government contract		
2.113	State what the contract or lease is for and the nature of the debtor's interest	<b>INVOICE ONLY</b>	<b>KBF CPAS LLP</b> 601 UNION ST SEATTLE, WA 98101
	State the term remaining List the contract number of any government contract		

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2.114	State what the contract or lease is for and the nature of the debtor's interest	<b>ANALYTICAL RESEARCH AGREEMENT</b>	<b>LACHMAN INSTITUTE FOR PHARMACEUTICAL ANALYSIS AT LONG ISLAND UNIVERSITY 1 UNIVERSITY PLZ BROOKLYN, NY 11201</b>
	State the term remaining List the contract number of any government contract	12/31/2023	
2.115	State what the contract or lease is for and the nature of the debtor's interest	<b>TERMS OF ENGAGEMENT FOR LEGAL SERVICES</b>	<b>LIFE SCIENCE LEGAL LLC 750 17TH ST NW WASHINGTON, DC 20006</b>
	State the term remaining List the contract number of any government contract		
2.116	State what the contract or lease is for and the nature of the debtor's interest	<b>CORE PLUS MASTER RENTAL AGREEMENT</b>	<b>LIFE STORAGE LP 6467 MAIN ST WILLIAMSVILLE, NY 14221</b>
	State the term remaining List the contract number of any government contract		
2.117	State what the contract or lease is for and the nature of the debtor's interest	<b>STATEMENT OF WORK #1</b>	<b>LIPPE TAYLOR, LLC 140 BROADWAY, 28TH FL NEW YORK, NY 10005</b>
	State the term remaining List the contract number of any government contract	12/31/2023	
2.118	State what the contract or lease is for and the nature of the debtor's interest	<b>STATEMENT OF WORK #1 CO #2</b>	<b>LMK CLINICAL RESEARCH CONSULTING, LLC 1743 CONNECTICUT AVE NW, STE 200 WASHINGTON, DC 20009</b>
	State the term remaining List the contract number of any government contract	12/31/2023	
2.119	State what the contract or lease is for and the nature of the debtor's interest	<b>RESEARCH SERVICE AGREEMENT</b>	<b>MAINEHEALTH 1 DANA CT WESTBROOK, ME 04092</b>
	State the term remaining List the contract number of any government contract		

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2.120	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER AGREEMENT</b>	<b>MANAGED MARKETS INSIGHT &amp; TECHNOLOGY, LLC</b> 290 W MT PLEASANT AVE, STE 2210 LIVINGSTON, NJ 07039
	State the term remaining List the contract number of any government contract	1/13/2024	
2.121	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT &amp; SOW #1</b>	<b>MARKETING AUTOMATION CANADA</b> 2333 DUNDAS ST W, STE 403 TORONTO, ON M6R 3A6 CANADA
	State the term remaining List the contract number of any government contract	1/25/2025	
2.122	State what the contract or lease is for and the nature of the debtor's interest	<b>BUSINESS ASSOCIATE ADDENDUM</b>	<b>MARKETO, INC</b> 901 MARINERS ISLAND BLVD, STE 200 SAN MATEO, CA 94404
	State the term remaining List the contract number of any government contract		
2.123	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTERCONTROL SAAS SERVICE LEVEL TERMS</b>	<b>MASTERCONTROL, INC</b> 6350 S 3000 E SALT LAKE CITY, UT 84121
	State the term remaining List the contract number of any government contract		
2.124	State what the contract or lease is for and the nature of the debtor's interest	<b>STATEMENT OF WORK #2</b>	<b>MCCANN SYSTEMS</b> 68 S TURNPIKE RD WALLINGFORD, CT 06492
	State the term remaining List the contract number of any government contract		
2.125	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>MED COMMUNICATIONS, INC</b> 5100 POPLAR AVE, STE 450 MEMPHIS, TN 38137
	State the term remaining List the contract number of any government contract		

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2.126	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>MEDICAL MARKETING ECONOMICS, LLC</b> 1200 JEFFERSON AVE, STE 200 OXFORD, MS 38655
	State the term remaining List the contract number of any government contract		
2.127	State what the contract or lease is for and the nature of the debtor's interest	<b>SERVICES AGREEMENT</b>	<b>MEDISTRY, LLC</b> 3029 PROSPECT AVE CLEVELAND, OH 44115
	State the term remaining List the contract number of any government contract		
2.128	State what the contract or lease is for and the nature of the debtor's interest	<b>INVOICE ONLY</b>	<b>METROPOLITAN BUILDING MAINTENANCE</b> 3829 AURORA AVE N SEATTLE, WA 98103-8702
	State the term remaining List the contract number of any government contract		
2.129	State what the contract or lease is for and the nature of the debtor's interest	<b>QUALITY AGREEMENT</b>	<b>MINIVALVE INTERNATION BV</b> 21 LUCBECKSTRAAT OLDENZAAL 7575EE THE NETHERLANDS
	State the term remaining List the contract number of any government contract		
2.130	State what the contract or lease is for and the nature of the debtor's interest	<b>QUALITY AGREEMENT FOR MANUFACTURING AND CONTROL OF MEDICINAL PRODUCTS</b>	<b>MIPHARM SPA</b> VIA B QUARANTA 12 - 20141 MILANO ITALY
	State the term remaining List the contract number of any government contract		
2.131	State what the contract or lease is for and the nature of the debtor's interest	<b>#5 DAYS SUPPORT TO TRIAL ACTIVITIES + #3 TECH BATCHES DEC 20199 OFFER N 1830 REV 1</b>	<b>MIPHARM SPA</b> VIA BERNARDO QUARANTA 12, 20139 MILANO MI ITALY
	State the term remaining List the contract number of any government contract		

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2.132	State what the contract or lease is for and the nature of the debtor's interest	<b>SERVICE AGREEMENT SA-IPL-2017-01</b>	<b>MONTRIUM HOSTED SOLUTIONS, INC</b> <b>507 PL D'ARMES, STE 1500</b> <b>MONTREAL, QC H2Y 2W8</b> <b>CANADA</b>
	State the term remaining List the contract number of any government contract		
2.133	State what the contract or lease is for and the nature of the debtor's interest	<b>QUALITY AGREEMENT</b>	<b>MTD MICRO MOLDING</b> <b>15 TROLLEY CROSSING RD</b> <b>CHARLTON, MA 01507</b>
	State the term remaining List the contract number of any government contract		
2.134	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT &amp; SOW #1</b> <b>INDIVIDUAL</b>	<b>NAME REDACTED</b> <b>ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	12/31/2023	
2.135	State what the contract or lease is for and the nature of the debtor's interest	<b>STATEMENT OF WORK #2</b> <b>INDIVIDUAL</b>	<b>NAME REDACTED</b> <b>ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	12/31/2023	
2.136	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT &amp; SOW #1</b> <b>INDIVIDUAL</b>	<b>NAME REDACTED</b> <b>ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	1/17/2028	
2.137	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING/SCIENTIFIC ADVISORY BOARD</b> <b>AGREEMENT</b> <b>INDIVIDUAL</b>	<b>NAME REDACTED</b> <b>ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	2/28/2026	

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2.138	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER CONSULTING AGREEMENT INDIVIDUAL</b>	<b>NAME REDACTED ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	9/4/2025	
2.139	State what the contract or lease is for and the nature of the debtor's interest	<b>ARNP INDIVIDUAL</b>	<b>NAME REDACTED ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	6/22/2024	
2.140	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT &amp; SOW #1 INDIVIDUAL</b>	<b>NAME REDACTED ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	6/23/2024	
2.141	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT FOR SPEAKER PROGRAM SERVICES INDIVIDUAL</b>	<b>NAME REDACTED ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	4/23/2024	
2.142	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT &amp; SOW #1 INDIVIDUAL</b>	<b>NAME REDACTED ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	4/18/2024	
2.143	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT &amp; SOW #1 INDIVIDUAL</b>	<b>NAME REDACTED ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	5/25/2024	

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2.144	State what the contract or lease is for and the nature of the debtor's interest	CONSULTING AGREEMENT & SOW #1 INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract	12/31/2023	
2.145	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.146	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.147	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.148	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.149	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		



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2.150	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.151	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.152	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.153	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.154	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.155	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		

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2.156	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.157	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.158	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.159	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.160	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.161	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		

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2.162	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.163	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.164	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.165	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.166	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.167	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		

**Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.168	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.169	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.170	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.171	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.172	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.173	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.174	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.175	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.176	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.177	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.178	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.179	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.180	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.181	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.182	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.183	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.184	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.185	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.186	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.187	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.188	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.189	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.190	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.191	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.192	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.193	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.194	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.195	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.196	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.197	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		



Debtor Name **Impel Pharmaceuticals Inc.**Case number (if known): **23-80016****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.198	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.199	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.200	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.201	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.202	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.203	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.204	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.205	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.206	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.207	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.208	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.209	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.210	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.211	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.212	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.213	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.214	State what the contract or lease is for and the nature of the debtor's interest	INTERNAL EMPLOYEE INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		
2.215	State what the contract or lease is for and the nature of the debtor's interest	INVOICE ONLY INDIVIDUAL	NAME REDACTED ADDRESS REDACTED
	State the term remaining List the contract number of any government contract		

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.216	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT &amp; SOW #1 INDIVIDUAL</b>	<b>NAME REDACTED ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	12/31/2026	
2.217	State what the contract or lease is for and the nature of the debtor's interest	<b>GLOBAL MASTER SERVICES AGREEMENT &amp; ORDER FORM</b>	<b>NAVEX GLOBAL, INC 5500 MEADOWS RD, STE 500 LAKE OSWEGO, OR 97035</b>
	State the term remaining List the contract number of any government contract	8/27/2024	
2.218	State what the contract or lease is for and the nature of the debtor's interest	<b>NAVIA BENEFIT SOLUTIONS ADMINISTRATIVE SERVICES AGREEMENT (V. 2020)</b>	<b>NAVIA BENEFIT SOLUTIONS 600 NACHES AVE SW RENTON, WA 98057</b>
	State the term remaining List the contract number of any government contract		
2.219	State what the contract or lease is for and the nature of the debtor's interest	<b>TEST PROCEDURE RELEASE AGREEMENT</b>	<b>NELSON LABS INC 6280 S REDWOOD RD SALT LAKE CITY, UT 84123</b>
	State the term remaining List the contract number of any government contract		
2.220	State what the contract or lease is for and the nature of the debtor's interest	<b>QUALITY AGREEMENT</b>	<b>NEMERA CORP 20 AV DE LA GARE 38290 LA VERPILLIÈRE FRANCE</b>
	State the term remaining List the contract number of any government contract		
2.221	State what the contract or lease is for and the nature of the debtor's interest	<b>SERVICES AGREEMENT</b>	<b>NEMERA LA VERPILLIERE SAS 20 AV DE LA GARE 38290 LA VERPILLIÈRE FRANCE</b>
	State the term remaining List the contract number of any government contract		

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.222	State what the contract or lease is for and the nature of the debtor's interest	<b>LETTER AGREEMENT</b>	<b>NOVEAYR RESPIRATORY 9 ARKWRIGHT RD RUNCORN, WA7 1NU UNITED KINGDOM</b>
	State the term remaining List the contract number of any government contract		
2.223	State what the contract or lease is for and the nature of the debtor's interest	<b>CLIENT AGREEMENT</b>	<b>NUWEST GROUP HOLDINGS LLC 325 118TH AVE SE, STE 300 BELLEVUE, WA 98005</b>
	State the term remaining List the contract number of any government contract	8/25/2024	
2.224	State what the contract or lease is for and the nature of the debtor's interest	<b>5TH EXCESS DIRECTORS &amp; OFFICERS LIABILITY</b>	<b>OLD REPUBLIC INSURANCE CO 631 EXCEL DR, STE 200 MOUNT PLEASANT, PA 15666</b>
	State the term remaining List the contract number of any government contract	4/23/2024	
2.225	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SOFTWARE</b>	<b>OPTEL GROUP USA, INC 55 MADISON AVE, STE 400 MORRISTOWN, NJ 07960</b>
	State the term remaining List the contract number of any government contract		
2.226	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT</b>	<b>PACIFIC NORTHWEST STATISTICAL CONSULTING, INC 18133 154TH AVE NE WOODINVILLE, WA 98072</b>
	State the term remaining List the contract number of any government contract		
2.227	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER AGREEMENT</b>	<b>PACIFIC OFFICE AUTOMATION 14747 NW GREENBRIER PKWY BEAVERTON, OR 97006</b>
	State the term remaining List the contract number of any government contract		

Debtor Name **Impel Pharmaceuticals Inc.**Case number (if known): **23-80016****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.228	State what the contract or lease is for and the nature of the debtor's interest	CONSULTING AGREEMENT & SOW #1	PHARMA MANUFACTURING & SUPPLY CHAIN CONSULTING, LLC 4585 CAMINITO SAN SEBASTIAN DEL APR, CA 92014
	State the term remaining List the contract number of any government contract	6/1/2026	
2.229	State what the contract or lease is for and the nature of the debtor's interest	MASTER SERVICES AGREEMENT	PHARMACEUTICAL DATA SERVICES 3000 WHITNEY AVE, BOX 138 HAMDEN, CT 06518
	State the term remaining List the contract number of any government contract		
2.230	State what the contract or lease is for and the nature of the debtor's interest	MASTER SERVICES AGREEMENT DTD 6/15 2017; STATEMENT OF WORK DTD 7/7/2017; STATEMENT OF WORK NUMBER 2 DTD 9/25/2017; STATEMENT OF WORK NUMBER 3 DTD 9/25/2017; GMP AGREEMENT DTD 4/27/2016, & 5/10/2016; LETTER OF INTENT, DTD 4/18/2017	PHARMACEUTICAL PACKAGING PROFESSIONALS PTY LTD AKA A PCI PHARMA SERVICES CO C/O MILLER NASH LLP ATTN: JOHN R KNAPP, JR 605 5TH AVE S, STE 900 SEATTLE, WA 98104
	State the term remaining List the contract number of any government contract		
2.231	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT MANUFACTURING AGREEMENT - MARKETING AUTHORISATION HELD BY CUSTOMER	PHARMASERVE NORTH WEST LTD AYRTON HOUSE PARLIAMENT BUSINESS PARK COMMERCE WAY LIVERPOOL, LS 7BA UNITED KINGDOM
	State the term remaining List the contract number of any government contract		
2.232	State what the contract or lease is for and the nature of the debtor's interest	QUALITY AGREEMENT FOR PROPELLANT CANISTER HFA 134A	PHARMASERVE NORTH WEST, LTD AYRTON HOUSE PARLIAMENT BUSINESS PARK COMMERCE WAY LIVERPOOL, LS 7BA UNITED KINGDOM
	State the term remaining List the contract number of any government contract		
2.233	State what the contract or lease is for and the nature of the debtor's interest	CONSULTING AGREEMENT & SOW #1	PHARMGIRL HELP LLC 1749 OTTAWA BEACH RD, UNIT 6 HOLLAND, MI 49424
	State the term remaining List the contract number of any government contract	1/31/2024	

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.234	State what the contract or lease is for and the nature of the debtor's interest	<b>PHARMACY DISTRIBUTION AGREEMENT</b>	<b>PHIL, INC</b> 2443 FILLMORE ST, STE 380-1423 SAN FRANCISCO, CA 94115
	State the term remaining List the contract number of any government contract		
2.235	State what the contract or lease is for and the nature of the debtor's interest	<b>DOMESTIC, GENERAL LIABILITY, AND EMPLOYEE BENEFITS</b>	<b>PHOENIX INSURANCE CO</b> ONE TOWER SQUARE HARTFORD, CT 06183
	State the term remaining List the contract number of any government contract	5/01/2024	
2.236	State what the contract or lease is for and the nature of the debtor's interest	<b>POREX FAIRBURN STANDARD QUALITY AGREEMENT</b>	<b>POREX CORP</b> 500 BOHANNON RD FAIRBURN, GA 30213
	State the term remaining List the contract number of any government contract		
2.237	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER CONSIGNMENT AGREEMENT</b>	<b>PPD DEVELOPMENT, LP</b> 8551 RESEARCH WAY, STE 90 MIDDLETON, WI 53562
	State the term remaining List the contract number of any government contract		
2.238	State what the contract or lease is for and the nature of the debtor's interest	<b>LETTER OF AUTHORIZATION</b>	<b>PPD INVESTIGATOR SERVICES, LLC</b> 929 N FRONT ST, 6TH FL WILMINGTON, NC 28401
	State the term remaining List the contract number of any government contract		
2.239	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>PRECISIONHEOR, LLC</b> 11100 SANTA MONICA BLVD, STE 500 LOS ANGELES, CA 90025
	State the term remaining List the contract number of any government contract	12/8/2024	

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2.240	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICE AGREEMENT</b>	<b>PREMIER RESEARCH CONSULTING, LLC</b> 111 FOUNDERS PLZ, 6TH FL E HARTFORD, CT 06108
	State the term remaining List the contract number of any government contract	10/28/2024	
2.241	State what the contract or lease is for and the nature of the debtor's interest	<b>ACCOUNTING AND TAXATION SERVICES</b>	<b>PRIME ACCOUNTING &amp; BUSINESS ADVISORY PTY LTD</b> HWT TOWER, LEVEL 17 40 CITY RD, SOUTHBANK VICTORIA, 3006 AUSTRALIA
	State the term remaining List the contract number of any government contract		
2.242	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>PSKW, LLC</b> 200 JEFFERSON PARK WHIPPANY, NJ 07981
	State the term remaining List the contract number of any government contract		
2.243	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICE AGREEMENT</b>	<b>PYXANT LABS INC</b> 4720 FORGE RD, STE 108 COLORADO SPRING, CO 80907
	State the term remaining List the contract number of any government contract	6/30/2027	
2.244	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>QPHARMA, INC</b> 22 SOUTH ST MORRISTOWN, NJ 07960
	State the term remaining List the contract number of any government contract	10/31/2024	
2.245	State what the contract or lease is for and the nature of the debtor's interest	<b>STATEMENT OF WORK FOR LEASE ACCOUNTING SERVICES</b>	<b>RESOURCES CONNECTION, LLC</b> 17101 ARMSTRONG AVE, STE 100 IRVINE, CA 92614
	State the term remaining List the contract number of any government contract	12/31/2023	



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2.246	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT &amp; SOW #1</b>	<b>RJ KESSLER CONSULTING LLC</b> 1991 CROCKER RD, STE 600A WESTLAKE, OH 44145
	State the term remaining List the contract number of any government contract	12/31/2023	
2.247	State what the contract or lease is for and the nature of the debtor's interest	<b>LETTER OF ASSIGNMENT AND GENERAL CONDITIONS AGREEMENT</b>	<b>ROBERT HALF INTERNATIONAL INC</b> 2884 SAND HILL RD, STE 200 MENLO PARK, CA 94025
	State the term remaining List the contract number of any government contract		
2.248	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT AND MICROSOFT PRODUCT RIDER</b>	<b>RSM US LLP</b> 1 S WACKER DR, STE 800 CHICAGO, IL 60606
	State the term remaining List the contract number of any government contract		
2.249	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>SACKS &amp; CO, INC</b> 119 W 57TH ST PENTHOUSE N NEW YORK, NY 10019
	State the term remaining List the contract number of any government contract	5/1/2024	
2.250	State what the contract or lease is for and the nature of the debtor's interest	<b>BACKGROUND CHECK SERVICES AGREEMENT</b>	<b>SCOUTLOGIC SCREENING, INC</b> 111 BARCLAY BLVD, STE 212 LINCOLNSHIRE, IL 60069
	State the term remaining List the contract number of any government contract	6/30/2024	
2.251	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT &amp; SOW #1</b>	<b>SEATTLE CHILDREN'S HOSPITAL</b> 4800 SAND POINT WAY NE SEATTLE, WA 98105
	State the term remaining List the contract number of any government contract	8/30/2024	

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2.252	State what the contract or lease is for and the nature of the debtor's interest	<b>MEDICARE COVERAGE GAP DISCOUNT PROGRAM AGREEMENT (2021 CGDP AGREEMENT P1710)</b>	<b>SECRETARY OF HEALTH AND HUMAN SERVICES C/O CENTER FOR MEDICARE DIVISION OF PART D POLICY MAILSTOP C1-26-16 7500 SECURITY BLVD BALTIMORE, MD 21244-1850</b>
	State the term remaining List the contract number of any government contract	P1710	
2.253	State what the contract or lease is for and the nature of the debtor's interest	<b>NATIONAL DRUG REBATE AGREEMENT</b>	<b>SECRETARY OF HEALTH AND HUMAN SERVICES C/O CENTERS FOR MEDICAID AND CHIP SERVICES DISABLED C/O ELDERLY HEALTH PROGRAMS GROUP DIV OF PHARMACY MAIL STOP S2-14-26 7500 SECURITY BLVD BALTIMORE, MD 21244</b>
	State the term remaining List the contract number of any government contract	77530	
2.254	State what the contract or lease is for and the nature of the debtor's interest	<b>SECURED OCS ORDER FORM AND TERMS AND CONDITIONS</b>	<b>SECURED OCS, INC 6500 HOLLISTER AVE, STE 110 GOLETA, CA 93117</b>
	State the term remaining List the contract number of any government contract		
2.255	State what the contract or lease is for and the nature of the debtor's interest	<b>SEDULO - 2023 MONTHLY MONITORING SOW</b>	<b>SEDULO GROUP, LLC 1902 CAMPUS PL, STE 9A LOUISVILLE, KY 40299</b>
	State the term remaining List the contract number of any government contract	12/31/2023	
2.256	State what the contract or lease is for and the nature of the debtor's interest	<b>INVOICE ONLY</b>	<b>SENECA CONSTRUCTION MANAGEMENT CORP 12587 RTE 438 IRVING, NY 14081</b>
	State the term remaining List the contract number of any government contract		
2.257	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>SHOP-PR LLC 140 BROADWAY, 28TH FL NEW YORK, NY 10005</b>
	State the term remaining List the contract number of any government contract		

**Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.258	State what the contract or lease is for and the nature of the debtor's interest	<b>USER AGREEMENT FOR THE USE OF THE AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS DATA FILE ROYALTY AGREEMENT</b>	<b>SOURCE HEALTHCARE ANALYTICS LLC 731 ARBOR WAY, STE 100 BLUE BELL, PA 19422-1987</b>
	State the term remaining List the contract number of any government contract	12/31/2023	
2.259	State what the contract or lease is for and the nature of the debtor's interest	<b>STATEMENT OF WORK #4</b>	<b>SPHERIX GLOBAL INSIGHTS US, INC 760 CONSTITUTION DR EXTON, PA 19341</b>
	State the term remaining List the contract number of any government contract	12/31/2023	
2.260	State what the contract or lease is for and the nature of the debtor's interest	<b>INVOICE ONLY</b>	<b>SPRINGER NATURE GROUP 1 NEW YORK PLZ, STE 4600 NEW YORK, NY 10004</b>
	State the term remaining List the contract number of any government contract		
2.261	State what the contract or lease is for and the nature of the debtor's interest	<b>SDC CHANGE ORDER #2_ 22-5284</b>	<b>STATISTICS &amp; DATA CORP (SDC) 63 S ROCKFORD DR, STE 240 TEMPE, AZ 85288</b>
	State the term remaining List the contract number of any government contract	12/31/2023	
2.262	State what the contract or lease is for and the nature of the debtor's interest	<b>SERVICE AGREEMENT FOR WASHINGTON STATE CUSTOMERS ONLY</b>	<b>STERICYCLE ENVIORNMENTAL SOLUTIONS, INC 2355 WAUKEGAN RD BANNOCKBURN, IL 60015</b>
	State the term remaining List the contract number of any government contract		
2.263	State what the contract or lease is for and the nature of the debtor's interest	<b>STATEMENT OF WORK #34</b>	<b>SUDLER &amp; HENNESSEY, LLC 230 PARK AVE S, STE 8 NEW YORK, NY 10003</b>
	State the term remaining List the contract number of any government contract	12/31/2023	

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2.264	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT 2023 &amp; SOW #1</b>	<b>SYFT INC</b> 5701 E HILLSBOROUGH AVE, STE 2327 TAMPA, FL 33610
	State the term remaining List the contract number of any government contract	1/6/2026	
2.265	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>SYMPHONY HEALTH SOLUTIONS CORP</b> 4130 PARKLAKE AVE, STE 400 RALEIGH, NC 27612
	State the term remaining List the contract number of any government contract	12/31/2023	
2.266	State what the contract or lease is for and the nature of the debtor's interest	<b>PRODUCT PURCHASE AGREEMENT</b>	<b>THIES LOMBARD PHARMACY, INC</b> 805 S MAIN ST, STE C LOMBARD, IL 60148-3300
	State the term remaining List the contract number of any government contract		
2.267	State what the contract or lease is for and the nature of the debtor's interest	<b>ENTERPRISE AGREEMENT</b>	<b>TRACELINK, INC</b> 200 BALLARDVALE ST, BLDG 1, STE 100 WILMINGTON, MA 01887
	State the term remaining List the contract number of any government contract	3/25/2024	
2.268	State what the contract or lease is for and the nature of the debtor's interest	<b>ERISA BOND</b>	<b>TRAVELERS CASUALTY AND SURETY CO OF AMERICA</b> ONE TOWER SQUARE HARTFORD, CT 06183
	State the term remaining List the contract number of any government contract	4/30/2024	
2.269	State what the contract or lease is for and the nature of the debtor's interest	<b>COMMERCIAL AUTOMOBILE</b>	<b>TRAVELERS INDEMNITY CO OF AMERICA</b> ONE TOWER SQUARE HARTFORD, CT 06183
	State the term remaining List the contract number of any government contract	5/01/2024	

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2.270	State what the contract or lease is for and the nature of the debtor's interest	<b>WORKERS COMPENSATION</b>	<b>TRAVELERS PROP CASUALTY CO OF AMERICA ONE TOWER SQUARE HARTFORD, CT 06183</b>
	State the term remaining List the contract number of any government contract	5/01/2024	
2.271	State what the contract or lease is for and the nature of the debtor's interest	<b>UMBRELLA</b>	<b>TRAVELERS PROP CASUALTY CO OF AMERICA ONE TOWER SQUARE HARTFORD, CT 06183</b>
	State the term remaining List the contract number of any government contract	5/01/2024	
2.272	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>TRNDIGITAL, LLC 200 PORTLAND ST, 5TH FL BOSTON, MA 02114</b>
	State the term remaining List the contract number of any government contract	2/28/2024	
2.273	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>TWO LABS HOLDINGS LLC 110 RIVERBEND AVE, STE 100 POWELL, OH 43065</b>
	State the term remaining List the contract number of any government contract		
2.274	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER LICENSE AND SERVICE AGREEMENT</b>	<b>UL VERIFICATION SERVICES, INC 333 PFINGSTEN RD NORTHBROOK, IL 60062</b>
	State the term remaining List the contract number of any government contract	5/18/2024	
2.275	State what the contract or lease is for and the nature of the debtor's interest	<b>PRODUCT &amp; CLINICAL TRIAL LIABILITY</b>	<b>UNDERWRITERS AT LLOYD, LONDON (BEAZLEY) 22 BISHOPSGATE LONDON EC2N 4BQ UNITED KINGDOM</b>
	State the term remaining List the contract number of any government contract	5/01/2024	

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2.276	State what the contract or lease is for and the nature of the debtor's interest	<b>CARGO</b>	<b>UNDERWRITERS AT LLOYD, LONDON (FALVEY) 22 BISHOPSGATE LONDON EC2N 4BQ UNITED KINGDOM</b>
	State the term remaining List the contract number of any government contract	5/01/2024	
2.277	State what the contract or lease is for and the nature of the debtor's interest	<b>CYBER</b>	<b>UNDERWRITERS AT LLOYD, LONDON (FALVEY) 22 BISHOPSGATE LONDON EC2N 4BQ UNITED KINGDOM</b>
	State the term remaining List the contract number of any government contract	5/01/2024	
2.278	State what the contract or lease is for and the nature of the debtor's interest	<b>UNIFORM MATERIAL TRANSFER AGREEMENT</b>	<b>UNIVERSITY OF WASHINGTON 4311 ELEVENTH AVENUE NE, STE 500 SEATTLE, WA 98105-4608</b>
	State the term remaining List the contract number of any government contract		
2.279	State what the contract or lease is for and the nature of the debtor's interest	<b>EXCLUSIVE PATENT LICENSE AGREEMENT AND AMENDMENT</b>	<b>UNIVERSITY OF WASHINGTON 4311 11TH AVE NE, STE 500 SEATTLE, WA 98105-4608</b>
	State the term remaining List the contract number of any government contract		
2.280	State what the contract or lease is for and the nature of the debtor's interest	<b>MEMORANDUM OF UNDERSTANDING</b>	<b>UNIVERSITY OF WASHINGTON 4311 11TH AVE NE, STE 500 SEATTLE, WA 98105-4608</b>
	State the term remaining List the contract number of any government contract		
2.281	State what the contract or lease is for and the nature of the debtor's interest	<b>CLINICAL MATERIAL USE AGREEMENT</b>	<b>UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195</b>
	State the term remaining List the contract number of any government contract		

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2.282	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTENT LICENSE AGREEMENT</b>	<b>UP TO DATE INC</b> 230 CITYPOINT 230 3RD AVE WALTHAM, MA 02451
	State the term remaining List the contract number of any government contract		
2.283	State what the contract or lease is for and the nature of the debtor's interest	<b>LICENSE AGREEMENT</b>	<b>UPPSALA MONITORING CENTRE</b> BREDGRÄND 7 753 20 UPPSALA SWEDEN
	State the term remaining List the contract number of any government contract	9/19/2024	
2.284	State what the contract or lease is for and the nature of the debtor's interest	<b>VEEVA MASTER SUBSCRIPTION AGREEMENT</b>	<b>VEEVA SYSTEMS INC</b> 4280 HACIENDA DR PLEASANTON, CA 94588
	State the term remaining List the contract number of any government contract		
2.285	State what the contract or lease is for and the nature of the debtor's interest	<b>STATEMENT OF WORK #5</b>	<b>VEEVA SYSTEMS, INC</b> 1375 BROADWAY, 3RD FL NEW YORK, NY 10018
	State the term remaining List the contract number of any government contract	1/31/2024	
2.286	State what the contract or lease is for and the nature of the debtor's interest	<b>CONSULTING AGREEMENT</b>	<b>VELOCITA CONSULTING, LLC</b> 55 W 39TH ST, STE 14N NEW YORK, NY 10018
	State the term remaining List the contract number of any government contract		
2.287	State what the contract or lease is for and the nature of the debtor's interest	<b>INVOICE ONLY</b>	<b>WESTERN EXTERMINATOR CO</b> 305 N CRESCENT WAY ANAHEIM, CA 92801
	State the term remaining List the contract number of any government contract		

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2.288	State what the contract or lease is for and the nature of the debtor's interest	<b>DISTRIBUTION AGREEMENT</b>	<b>WESTERN WELLNESS SOLUTIONS, LLC</b> 1555 DOOLITTLE DR, STE 170 SAN LEANDRO, CA 94577-2239
	State the term remaining List the contract number of any government contract		
2.289	State what the contract or lease is for and the nature of the debtor's interest	<b>EXCESS LIABILITY</b>	<b>WESTFIELD SPECIALTY INSURANCE CO</b> ONE PARK CIR WESTFIELD CENTER, OH 44251
	State the term remaining List the contract number of any government contract	5/01/2024	
2.290	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>WIRB - COPERNICUS GROUP, INC (WCG)</b> 212 CARNEGIE CENTER DR, STE 301 PRINCETON, NJ 08540
	State the term remaining List the contract number of any government contract		
2.291	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	<b>XENOTECH, LLC</b> 1101 W CAMBRIDGE CIRCLE DR KANSAS CITY, KS 66103
	State the term remaining List the contract number of any government contract		
2.292	State what the contract or lease is for and the nature of the debtor's interest	<b>COMMERCIAL REBATE AGREEMENT</b>	<b>ZINC HEALTH SERVICES, LLC</b> 1 CVS DR MC 1160 WOONSOCKET, RI 02895
	State the term remaining List the contract number of any government contract		



Debtor Name **Impel Pharmaceuticals Inc.**

**United States Bankruptcy Court for the Northern District of Texas**

Case number (if known): **23-80016**

☒ Check if this is an amended filing

**Official Form 206H**

**Schedule H: Codebtors**

**12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any codebtors?**

☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes.

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

**Column 1: Codebtor**

**Column 2: Creditor**

**Name**

**Mailing Address**

**Name**

**Check all schedules that apply**

**NONE**

Debtor Name Impel Pharmaceuticals Inc.  
United States Bankruptcy Court for the Northern District of Texas  
Case Number: 23-80016

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING** - Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. 152, 1341, 1519, and 3571.

**Declaration and signature**

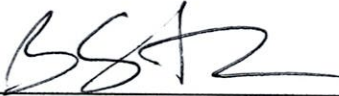
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets- Real and Personal Property* (Official Form 206 A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206 D)
- ☒ *Schedule E/F: Creditors Who Have Claims Unsecured Claims* (Official Form 206 E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206 G)
- ☒ *Schedule H: Codebtors* (Official Form 206 H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ *Other document that requires a declaration*

I, the Chief Restructuring Officer of the Impel Pharmaceuticals Inc., declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 218 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Executed on: 2/29/2024  
MM / DD / YYYY

Signature   
Printed Name Brandon D. Smith  
Title Chief Restructuring Officer